| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: | (X2) MULTIPLE CONSTRUCTION | (X3) DATE SURVEY COMPLETED |
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| | N046048 | A. BUILDING: _____ B. WING _____ | C 03/05/2020 |

| NAME OF PROVIDER OR SUPPLIER | STREET ADDRESS, CITY, STATE, ZIP CODE |
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| GLENWOOD VILLAGE OF OVERLAND PARK ASSISTE | 9201 FOSTER STREET OVERLAND PARK, KS 66212 |

| (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 |
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| S 000 | INITIAL COMMENTS<br><br>The following citations are the result of a survey for re-licensure with attached complaints conducted on 3/3/20, 3/4/20, 3/5/20, 3/9/20 and 3/10/20 at the above named assisted living facility in Overland Park, KS. | S 000 | | |
| S 125 SS=F | 26-39-103 (f) Resident Right Free Choice<br><br>(f) Free choice. The administrator or operator shall ensure that each resident, or resident ' s legal representative on behalf of the resident, is afforded the right to perform the following:<br>(1) Choose a personal attending physician;<br>(2) participate in the development of an individual care plan or negotiated service agreement;<br>(3) refuse treatment;<br>(4) refuse to participate in experimental research; and<br>(5) choose the pharmacy where prescribed medications are purchased. If the adult care home uses a unit-dose or similar medication distribution system, the resident shall have the right to choose among pharmacies that offer or are willing to offer the same or a compatible system.<br><br>This STANDARD is not met as evidenced by:<br>KAR 26-39-103 (f) (5)<br><br>The facility reported a census of 65 residents. The sample included 6 residents and 2 closed record reviews. The resident roster identified 60 residents who are receiving medication management assistance. Based on record review observations and interviews, the administrator failed to ensure that each resident is afforded the right to choose the pharmacy | S 125 | | |

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE | TITLE | (X6) DATE

| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: | (X2) MULTIPLE CONSTRUCTION | (X3) DATE SURVEY COMPLETED |
|---|---|---|---|
| | N046048 | A. BUILDING: _____ B. WING _____ | C 03/05/2020 |

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|---|---|---|---|---|
| S 125 | Continued From page 1 | S 125 | | |

where prescribed medications are purchased. If the adult care home uses a unit-dose or similar medication distribution system, the resident shall have the right to choose among pharmacies that offer or are willing to offer the same or a compatible system.

Findings included:

- Review of residency agreements for sampled residents #303, 304, 305, 306, 307, 308, 309 all recorded the following: Appendix B concierge/optional services: Outside pharmacy fee: This monthly fee shall apply to residents who choose to use an alternate pharmacy. $250 per month.

Observation in medication carts on 3/3/20 during facility tour, revealed carded and bottled medications.

Interview on 3/4/20 at 10:15am with confidential resident, he/she stated he/she used the facility preferred pharmacy because he/she will be charged $250 if he/she used another pharmacy.

Interview on 3/4/20 at 4:00pm with facility administrator #A confirmed residency agreement has charge for non-preferred pharmacy use and all the agreements indicate the charge for an outside pharmacy.

For all residents of the facility who currently required medication assistance the administrator failed to ensure that each resident is afforded the right to choose the pharmacy where prescribed medications are purchased. If the adult care home uses a unit-dose or similar medication distribution system, the resident shall have the right to choose among pharmacies that offer or

| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: | (X2) MULTIPLE CONSTRUCTION | (X3) DATE SURVEY COMPLETED |
|---|---|---|---|
| | N046048 | A. BUILDING: _____ B. WING _____ | C 03/05/2020 |

| NAME OF PROVIDER OR SUPPLIER | STREET ADDRESS, CITY, STATE, ZIP CODE |
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| S 125 | Continued From page 2<br>are willing to offer the same or a compatible system. | S 125 | | |
| S3155 SS=E | 26-41-204 (a) Health Care Services<br>. (a) The administrator or operator in each assisted living facility or residential health care facility 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 capacity screening and the negotiated service agreement.<br><br>This REQUIREMENT is not met as evidenced by:<br>KAR 26-41-204(a)<br><br>The facility reported a census of 65 residents. The sample included 6 residents and 2 closed record reviews. Based on record review, observation and interview for 5 (#303, #304, #305, #307 and #308) sampled residents requiring health care services, the administrator 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.<br><br>Findings included:<br><br>- Record review for resident #303 recorded | S3155 | | |

| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: | (X2) MULTIPLE CONSTRUCTION | (X3) DATE SURVEY COMPLETED |
|---|---|---|---|
| | N046048 | A. BUILDING: _____ B. WING _____ | C 03/05/2020 |

| NAME OF PROVIDER OR SUPPLIER | STREET ADDRESS, CITY, STATE, ZIP CODE |
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|---|---|---|---|---|
| S3155 | Continued From page 3 | S3155 | | |

admission date of 12/11/19 with diagnoses of: hyperlipidemia, anxiety, Parkinson's, Lewy Body Dementia, Takotsubo syndrome, weakness, fracture of femur and history of falls.

Functional Capacity Screen (FCS) dated 12/11/19 recorded resident required physical assistance with bathing, dressing, toileting, transfer and walk/mobility and unable to perform management of medications and treatments. Resident has a history/problem with falls/unsteadiness.

Negotiated Service Agreement/ health care service plan (NSA/HCSP) dated 12/11/19 recorded staff to provide physical assistance with bathing, dressing, toileting, transfer and walk/mobility and management of medications and treatments.

Record review for resident #303 recorded fall on 2-18-20 and documented behaviors on 1/26/20 at 11:56 pm: recorded resident behavior of throwing silverware and pouring water on another resident.

Review of nurses note: 2/6/20 at 6:13 am recorded "Resident stayed up most of the night screaming and waking roommate and other residents. Redirected, behavior did not stop. Offered medication to calm her down and she refused. Will continue to watch closely."

HCSP lacked entry for fall interventions and lacked entry for behavior interventions.

Interview on 3/5/20 at 9:20 am with licensed nurse #B confirmed resident has a side rail, and HCSP lacked entry for resident use of a side rail.

- Record review for resident #304 recorded admission date of 12/7/19 with diagnoses of:

| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: | (X2) MULTIPLE CONSTRUCTION | (X3) DATE SURVEY COMPLETED |
|---|---|---|---|
| | N046048 | A. BUILDING: _____ B. WING _____ | C 03/05/2020 |

| NAME OF PROVIDER OR SUPPLIER | STREET ADDRESS, CITY, STATE, ZIP CODE |
|---|---|
| GLENWOOD VILLAGE OF OVERLAND PARK ASSISTE | 9201 FOSTER STREET OVERLAND PARK, KS 66212 |

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|---|---|---|---|---|
| S3155 | Continued From page 4 | S3155 | | |

diabetes mellitus type 2, morbid obesity, hyperlipidemia, depression, anxiety, kidney disease stage 3 and myasthenia Gravis.

Functional Capacity Screen (FCS) dated 12/7/19 recorded resident unable to perform bathing, dressing, toileting, transfer and walk/mobility and unable to perform management of medications and treatments.

Negotiated Service Agreement/ health care service plan (NSA/HCSP) dated 12/7/19 recorded staff to assist with bathing, dressing, toileting, transfer and walk/mobility and management of medications and treatments.

Observation on 3/5/20 at 9:20 AM. Revealed resident in a twin bed with 2 quarter side rails in up position. Resident has manual wheelchair, electric wheelchair and hoyer lift.

HCSP lacked entry for resident use of side rails.

Interview on 3/5/20 at 11:45 AM pm with licensed nurse #B confirmed resident has side rails and HCSP lacked entry for resident use of side rails.

- Record review for resident #305 recorded admission date of 12/15/14 with diagnoses of: Parkinson's, Dementia and hypertension.

Functional Capacity Screen (FCS) dated 1/28/20 recorded resident required physical assistance with bathing, toileting, eating, transfer and walk/mobility, eating and unable to perform dressing, management of medications and treatments.

Negotiated Service Agreement/ health care service plan (NSA/HCSP) dated 1/28/20 recorded

| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: | (X2) MULTIPLE CONSTRUCTION | (X3) DATE SURVEY COMPLETED |
|---|---|---|---|
| | N046048 | A. BUILDING: _____ B. WING _____ | C 03/05/2020 |

| NAME OF PROVIDER OR SUPPLIER | STREET ADDRESS, CITY, STATE, ZIP CODE |
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|---|---|---|---|---|
| S3155 | Continued From page 5 | S3155 | | |

staff to provide physical assistance with bathing, dressing, toileting, eating, transfer with 1 person assist, walk/mobility and management of medications and treatments.

Observation on 3/4/20 at 11:20am in resident's room revealed a hospital bed, with low air flow mattress, manual wheelchair with Rojo cushion and recliner with pressure reduction cushion. Also observed a fall mat at foot of bed and a wedge cushion beside recliner. Observed 2 staff assist resident for transfer from bed to wheelchair. Resident observed to bear weight and pivot during transfer. Observed 1 person assist for wheelchair mobility.

HCSP lacked entry for 2-person assistance with transfers, use of a low air flow mattress, manual wheelchair with Rojo cushion, pressure reduction cushion, fall mat and wedge cushion.

Interview on 3/5/20 at 11:45 AM pm with licensed nurse #B confirmed resident requires 2- person assist for transfers, has low air flow mattress, manual wheelchair with Rojo cushion, pressure reduction cushion, fall mat and wedge cushion and HCSP lacked entries for resident use of these assistive devices.

- Record review for resident #307 recorded admission date of 8/11/17 with diagnoses including: Fibromyalgia, right hip fracture, enterocolitis, anemia, alcohol dependence, depression, neuropathy, hypertension chronic obstructive pulmonary disease and gastro-esophageal reflux disease.

Functional Capacity Screen (FCS) dated 10/17/19 recorded resident required physical assistance with dressing, transfer and unable to perform

| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: | (X2) MULTIPLE CONSTRUCTION | (X3) DATE SURVEY COMPLETED |
|---|---|---|---|
| | N046048 | A. BUILDING: _____ B. WING _____ | C 03/05/2020 |

| NAME OF PROVIDER OR SUPPLIER | STREET ADDRESS, CITY, STATE, ZIP CODE |
|---|---|
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|---|---|---|---|---|
| S3155 | Continued From page 6 | S3155 | | |

bathing, toileting and management of medications and treatments. Resident has a history/problem of falls/unsteadiness.

Negotiated Service Agreement/ health care service plan (NSA/HCSP) dated 10/28/19 recorded staff to provide physical assistance with bathing, dressing, toileting, transfer, walk/mobility and management of medications and treatments.

Review of resident record revealed documented falls on 10-17-19, 11-18-19 & 11-20-19.

HCSP lacked entry for fall prevention interventions.

Interview on 3/5/20 at 11:45 AM pm with licensed nurse #B confirmed HCSP lacked entry for fall prevention interventions.

- Record review for resident #308 recorded admission date of 11/30/19 with diagnoses of: Parkinson's, syncope and collapse, hypotension, hypothyroidism, cognitive communication deficit, atrial fibrillation, hypertension and hyperlipidemia.

Functional Capacity Screen (FCS) dated 12/12/19 recorded resident required physical assistance with bathing, dressing, toileting, transfer and walk/mobility and unable to perform management of medications and treatments. Resident has a history/problem with falls/unsteadiness.

Negotiated Service Agreement/ health care service plan (NSA/HCSP) dated 12/12/19 recorded staff to provide physical assistance with bathing, dressing, toileting, transfer and walk/mobility and management of medications and treatments.

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|---|---|---|---|
| | N046048 | A. BUILDING: _____ B. WING _____ | C 03/05/2020 |

| NAME OF PROVIDER OR SUPPLIER | STREET ADDRESS, CITY, STATE, ZIP CODE |
|---|---|
| GLENWOOD VILLAGE OF OVERLAND PARK ASSISTE | 9201 FOSTER STREET OVERLAND PARK, KS 66212 |

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| S3155 | Continued From page 7<br>Observation on 3/4/20 at 11:06 AM revealed resident room has twin bed with pressure relieving winged mattress and a fall mat at head of bed, folded.<br><br>HCSP lacked entry for resident use of winged mattress and fall mat.<br><br>Interview on 3/5/20 at 11:45 AM with licensed nurse #B confirmed resident has winged mattress and fall mat and HCSP lacked entries for resident use of these assistive devices.<br><br>For residents #303, #304, #305, #307 and #308, residents requiring health care services, the administrator 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. | S3155 | | |
| S3165 SS=F | 26-41-204 (d) Health Care Services<br><br>(d) The negotiated service agreement shall contain a description of the health care services to be provided and the name of the licensed nurse responsible for the implementation and supervision of the plan.<br><br>This REQUIREMENT is not met as evidenced by:<br>KAR 26-41-204(d)<br><br>The facility reported a census of 65 residents. The sample included 6 residents and 2 closed resident reviews. Based on record review and | S3165 | | |

| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: | (X2) MULTIPLE CONSTRUCTION | (X3) DATE SURVEY COMPLETED |
|---|---|---|---|
| | N046048 | A. BUILDING: _____ B. WING _____ | C 03/05/2020 |

| NAME OF PROVIDER OR SUPPLIER | STREET ADDRESS, CITY, STATE, ZIP CODE |
|---|---|
| GLENWOOD VILLAGE OF OVERLAND PARK ASSISTE | 9201 FOSTER STREET OVERLAND PARK, KS 66212 |

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|---|---|---|---|---|
| S3165 | Continued From page 8 | S3165 | | |

interview, for all residents, the administrator failed to ensure the negotiated service agreement shall contain a description of the health care services to be provided and the name of the licensed nurse responsible for the implementation and supervision of the plan as evidenced by review of resident records for residents (#303, #304, #305, #306, #307, #308) who required health care services.

Findings included:

- Record review for resident #303 recorded admission date of 12/11/19 with diagnoses of: hyperlipidemia, anxiety, Parkinson's, Lewy Body Dementia, Takotsubo syndrome, weakness, fracture of femur and history of falls.

Functional Capacity Screen (FCS) dated 12/11/19 recorded resident required physical assistance with bathing, dressing, toileting, transfer and walk/mobility and unable to perform management of medications and treatments. Resident has a history/problem with falls/unsteadiness.

Negotiated Service Agreement/ health care service plan (NSA/HCSP) dated 12/11/19 recorded staff to provide physical assistance with bathing, dressing, toileting, transfer and walk/mobility and management of medications and treatments.

Negotiated service agreement/health care service plan lacked the name of the licensed nurse responsible for the implementation and supervision of the plan

| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: | (X2) MULTIPLE CONSTRUCTION | (X3) DATE SURVEY COMPLETED |
|---|---|---|---|
| | N046048 | A. BUILDING: _____ B. WING _____ | C 03/05/2020 |

| NAME OF PROVIDER OR SUPPLIER | STREET ADDRESS, CITY, STATE, ZIP CODE |
|---|---|
| GLENWOOD VILLAGE OF OVERLAND PARK ASSISTE | 9201 FOSTER STREET OVERLAND PARK, KS 66212 |

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| S3165 | Continued From page 9<br>- Record review for resident #304 recorded admission date of 12/7/19 with diagnoses of: diabetes mellitus type 2, morbid obesity, hyperlipidemia, depression, anxiety, kidney disease stage 3 and myasthenia Gravis.<br><br>Functional Capacity Screen (FCS) dated 12/7/19 recorded resident unable to perform bathing, dressing, toileting, transfer and walk/mobility and unable to perform management of medications and treatments.<br><br>Negotiated Service Agreement/ health care service plan (NSA/HCSP) dated 12/7/19 recorded staff to assist with bathing, dressing, toileting, transfer and walk/mobility and management of medications and treatments.<br><br>Negotiated service agreement/health care service plan lacked the name of the licensed nurse responsible for the implementation and supervision of the plan<br><br>- Record review for resident #305 recorded admission date of 12/15/14 with diagnoses of: Parkinson's, Dementia and hypertension.<br><br>Functional Capacity Screen (FCS) dated 1/28/20 recorded resident required physical assistance with bathing, toileting, eating, transfer and walk/mobility, eating and unable to perform dressing, management of medications and treatments.<br><br>Negotiated Service Agreement/ health care service plan (NSA/HCSP) dated 1/28/20 recorded staff to provide physical assistance with bathing, dressing, toileting, eating, transfer, walk/mobility and management of medications and treatments. | S3165 | | |

| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: | (X2) MULTIPLE CONSTRUCTION | (X3) DATE SURVEY COMPLETED |
|---|---|---|---|
| | N046048 | A. BUILDING: _____ B. WING _____ | C 03/05/2020 |

| NAME OF PROVIDER OR SUPPLIER | STREET ADDRESS, CITY, STATE, ZIP CODE |
|---|---|
| GLENWOOD VILLAGE OF OVERLAND PARK ASSISTE | 9201 FOSTER STREET OVERLAND PARK, KS 66212 |

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|---|---|---|---|---|
| S3165 | Continued From page 10 | S3165 | | |

Negotiated service agreement/health care service plan lacked the name of the licensed nurse responsible for the implementation and supervision of the plan

- Record review for resident #306 recorded admission date of 2/29/20 with diagnoses of Congestive heart failure, Obesity, hypercholesterolemia, hyperlipidemia, chronic kidney disease stage 3 and hypertension.

Functional Capacity Screen (FCS) dated 2/29/20 recorded resident required supervision with dressing, physical assistance with management of treatments.

Negotiated Service Agreement/ health care service plan (NSA/HCSP) dated 2/29/20 recorded staff to provide physical assistance with dressing and with TED (thromboembolic stockings) in evenings.

Negotiated service agreement/health care service plan lacked the name of the licensed nurse responsible for the implementation and supervision of the plan

- Record review for resident #307 recorded admission date of 8/11/17 with diagnoses including: Fibromyalgia, right hip fracture, enterocolitis, anemia, alcohol dependence, depression, neuropathy, hypertension chronic obstructive pulmonary disease and gastro-esophageal reflux disease.

Functional Capacity Screen (FCS) dated 10/17/19 recorded resident required physical assistance with dressing, transfer and unable to perform bathing, toileting and management of medications and treatments. Resident has a

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|---|---|---|---|
| | N046048 | A. BUILDING: _____ B. WING _____ | C 03/05/2020 |

| NAME OF PROVIDER OR SUPPLIER | STREET ADDRESS, CITY, STATE, ZIP CODE |
|---|---|
| GLENWOOD VILLAGE OF OVERLAND PARK ASSISTE | 9201 FOSTER STREET OVERLAND PARK, KS 66212 |

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|---|---|---|---|---|
| S3165 | Continued From page 11 | S3165 | | |

history/problem of falls/unsteadiness.

Negotiated Service Agreement/ health care service plan (NSA/HCSP) dated 10/28/19 recorded staff to provide physical assistance with bathing, dressing, toileting, transfer, walk/mobility and management of medications and treatments.

Negotiated service agreement/health care service plan lacked the name of the licensed nurse responsible for the implementation and supervision of the plan

- Record review for resident #308 recorded admission date of 11/30/19 with diagnoses of: Parkinson's, syncope and collapse, hypotension, hypothyroidism, cognitive communication deficit, atrial fibrillation, hypertension and hyperlipidemia.

Functional Capacity Screen (FCS) dated 12/12/19 recorded resident required physical assistance with bathing, dressing, toileting, transfer and walk/mobility and unable to perform management of medications and treatments. Resident has a history/problem with falls/unsteadiness.

Negotiated Service Agreement/ health care service plan (NSA/HCSP) dated 12/12/19 recorded staff to provide physical assistance with bathing, dressing, toileting, transfer and walk/mobility and management of medications and treatments.

Negotiated service agreement/health care service plan lacked the name of the licensed nurse responsible for the implementation and supervision of the plan

Interview on 3/4/20 at 12:40 PM Licensed Nurse #C confirmed licensed nurse #B is responsible for

| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: | (X2) MULTIPLE CONSTRUCTION | (X3) DATE SURVEY COMPLETED |
|---|---|---|---|
| | N046048 | A. BUILDING: _____ B. WING _____ | C 03/05/2020 |

| NAME OF PROVIDER OR SUPPLIER | STREET ADDRESS, CITY, STATE, ZIP CODE |
|---|---|
| GLENWOOD VILLAGE OF OVERLAND PARK ASSISTE | 9201 FOSTER STREET OVERLAND PARK, KS 66212 |

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|---|---|---|---|---|
| S3165 | Continued From page 12<br>the care plan and the NSA lacked the name of the licensed nurse responsible for the implementation and supervision of the health care services plan. He/she confirmed it is not recorded on any resident NSAs.<br><br>For all residents, the administrator failed to ensure the negotiated service agreement contained a description of the health care services to be provided and the name of the licensed nurse responsible for the implementation and supervision of the plan as evidenced by review of resident records for residents (#303, #304, #305, #306, #307 and #308) who required health care services. | S3165 | | |
| S3211 SS=F | 26-41-205 (g) (3) OVER THE COUNTER DRUGS<br><br>(3) A licensed nurse or medication aide may accept over-the-counter medication only in its original, unbroken manufacturer ' s package. A licensed pharmacist or licensed nurse shall place the full name of the resident on the package. If the original manufacturer ' s package of an over-the-counter medication contains a medication in a container, bottle, or tube that can be removed from the original package, the licensed pharmacist or a licensed nurse shall place the full name of the resident on both the original manufacturer ' s medication package and the medication container.<br><br>This REQUIREMENT is not met as evidenced by:<br>KAR 26-41-205(g) (3) | S3211 | | |

| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: | (X2) MULTIPLE CONSTRUCTION | (X3) DATE SURVEY COMPLETED |
|---|---|---|---|
| | N046048 | A. BUILDING: _____ B. WING _____ | C 03/05/2020 |

| NAME OF PROVIDER OR SUPPLIER | STREET ADDRESS, CITY, STATE, ZIP CODE |
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| GLENWOOD VILLAGE OF OVERLAND PARK ASSISTE | 9201 FOSTER STREET OVERLAND PARK, KS 66212 |

| (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 |
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| S3211 | Continued From page 13<br><br>The facility reported a census of 65 residents. The sample included 6 residents and 2 closed record reviews. The resident roster identified 60 residents who are receiving medication management assistance. Based on observations and interviews for all residents, the administrator failed to ensure a licensed nurse or licensed pharmacist placed the full name of the resident on packages of over-the-counter (OTC) medications.<br><br>Findings included:<br><br>-Observation on 03/03/20 at 9:42AM during facility tour of "Medication cart - Memory care" with certified staff #D, observed 11 OTC medications that lacked the full name of the resident including the following:<br><br>Sooth Eye drops, 0.5oz<br><br>Sodium chloride 1 gram (gm) (supplement) tablets; 100 count<br><br>CVS pain relief 325 milligram (mg) gelcaps; 365 count<br><br>BC Vitamin C 500 mg (supplement) tablets; 250 count<br><br>Afrin Nasal spray (congestion) 12 hour, 0.5ml count<br><br>Laxative (constipation) punch card of 11 tablets count | S3211 | | |

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| | N046048 | A. BUILDING: _____ B. WING _____ | C 03/05/2020 |

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| S3211 | Continued From page 14<br>Nature Bounty vitamin D3 50 mcg (microgram) tablets (supplement); 350 count<br><br>Spring Valley vitamin B12 (supplement) 500 mcg tablets; 120 count<br><br>Equate antacid (heartburn) 1000mg chewable tablets; 160 count<br><br>Dulcolax Pink (constipation) punch card of 11 tablets<br><br>Acetaminophen (pain)325 mg tablets; 100 count<br><br>Observation on 12/11/19 at 10:00am during facility tour of "B side" medication cart with certified staff #D, observed 4 OTC medications that lacked the full name of the resident:<br><br>Equate Brand Saline nasal spray (moisture) 1.5-ounce bottle;<br><br>Fluticasone Propionate Nasal Spray (allergy) 120 sprays;<br><br>Senokot (constipation) 50 count;<br><br>Equate brand complete vitamin (supplement) 200 count.<br><br>Observation on 03/03/20 at 10:45 AM during facility tour of "Treatment cart #2" with licensed nurse #F, observed 11 OTC medications that lacked the full name of the resident including the following:<br><br>Natural Beauty fish oil 1200 mg capsules (supplement), 180 count | S3211 | | |

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| S3211 | Continued From page 15<br><br>Natural Beauty Calcium 1200 mg tablets, (supplement) 120 count<br><br>Spring Valley Vitamin D3 50 mcg tablets, (supplement) 200 count<br><br>Equate Aspirin 81 mg tablets; (pain) 250 count<br><br>Observation on 03/03/20 at 11:40 AM during facility tour of "Nurses Med Cart" with licensed nurse #F, observed 1 OTC medication that lacked the full name of the resident including the following:<br><br>Ibuprofen (pain) 200 mg tablets; 500 count<br><br>Facility policy titled "Storage of medications" recorded: " ....each OTC medication must be labeled with the Resident's name, apartment number and date the medication was opened."<br><br>For all residents, the operator failed to ensure a licensed nurse or licensed pharmacist placed the full name of the resident on packages of over-the-counter medications. | S3211 | | |
| S3248 SS=F | 26-41-102 (d) Staff Qualifications Employee Records<br><br>(d) The employee records and agency staff records shall contain the following documentation:<br>(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;<br>(2) supporting documentation for criminal | S3248 | | |

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|---|---|---|---|---|
| S3248 | Continued From page 16 | S3248 | | |

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 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 65 the sample included 6 residents and 2 closed record reviews. Based on interviews and review of facility records, for 4 of 4 certified staff (#E; #G; #H; #I) the administrator failed to ensure the employee record contained supporting documentation from the nurse aide registry and criminal background checks (KBI checks) upon hire.

Findings included:

- Review of personnel records on 3/3/2020 for 4 certified staff revealed the following:

Certified staff #E (hire date 10/26/19). Lacked record of date when KBI (Kansas Bureau of

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| S3248 | Continued From page 17<br>Investigations) request was made. Record shows KBI produced date of 11/5/2019 (10 days after hire date). Documentation lacked record of registry check submission date.<br><br>Certified staff #G (hire date 2/12/20). Lacked record of date when KBI request was made. Record shows KBI produced date of 1/21/20 (22 days prior to hire date). Documentation lacked record of registry check submission date.<br><br>Certified staff #H (hire date 9/5/19) Lacked record of date when KBI request was made. Record shows KBI produced date of 8/12/19 (6 days after hire date). Documentation lacked record of registry check submission date.<br><br>Certified staff #I (hire date 10/3/19). Lacked record of date when KBI request was made. Record shows KBI produced date of 8/12/19 (24 days prior to hire date). Documentation lacked record of registry check submission date.<br><br>2 Certified staff records lacked documentation KBI check through health occupations and credentialing upon hire.<br><br>4 Certified staff records lacked documentation of proof of certification through the nurse aide registry upon hire.<br><br>Interview on 3/3/20 at 1:25 pm with facility administrator #A confirmed staff records lacked documentation nurse aide registry checks upon hire.<br>Interview on 3/3/20 at 2:18 pm with facility administrator #A confirmed staff records lacked documentation of KBI checks upon hire.<br><br>For all residents of the facility, the administrator | S3248 | | |

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|---|---|---|---|
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| S3248 | Continued From page 18<br>failed to ensure the employee record contained supporting documentation from the nurse aide registry and criminal background checks upon hire. | S3248 | | |
| S3261 SS=E | 26-41-105 (f) (11) Resident Record Documentation of Incidents<br><br>(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<br><br>This REQUIREMENT is not met as evidenced by:<br>KAR 26-41-105(f)(11)<br><br>The facility reported a census of 65 residents. The sample included 6 residents and 2 closed resident record review. Based on record review and interview for 2 sampled residents (#303 , #308) and 1 closed review (#309) the administrator 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.<br><br>Findings included:<br><br>- Record review for resident #303 recorded admission date of 12/11/19 with diagnoses of: hyperlipidemia, anxiety, Parkinson's, Lewy Body Dementia, Takotsubo syndrome, weakness, fracture of femur and history of falls. | S3261 | | |

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|---|---|---|---|
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| NAME OF PROVIDER OR SUPPLIER | STREET ADDRESS, CITY, STATE, ZIP CODE |
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| S3261 | Continued From page 19<br><br>Functional Capacity Screen (FCS) dated 12/11/19 recorded resident required physical assistance with bathing, dressing, toileting, transfer and walk/mobility and unable to perform management of medications and treatments. Resident has a history/problem with falls/unsteadiness.<br><br>Negotiated Service Agreement/ health care service plan (NSA/HCSP) dated 12/11/19 recorded staff to provide physical assistance with bathing, dressing, toileting, transfer and walk/mobility and management of medications and treatments.<br><br>Review of nurses notes recorded entry on 12/16/19 at 12:03 am: "Resident continues on fall follow up. C/O pain to left knee.<br>Requested and received PRN (as needed) ibuprofen, effective. Continues to ambulate with walker. No new concerns at this time" Nurses notes dated from 12/17/19 thru 2/17/20 state "continues on fall follow up"<br><br>Nurses notes lacked entry for resident fall including date and time of fall, assessment, and notification of physician and family.<br><br>Resident nurses note recorded entry on 2/18/20 at 7:02 am state "It is reported that resident had a non-injury fall on 2/17/20 ..." Nurses notes lacked entry for resident fall including date and time of fall, assessment, and notification of physician and family.<br><br>Interview on 3/5/20 pm with licensed nurse #B confirmed nurses notes lacked entries for falls, and notifications to family and Physicians.<br><br>- Record review for resident #308 recorded | S3261 | | |

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| S3261 | Continued From page 20 | S3261 | | |

admission date of 11/30/19 with diagnoses of: Parkinson's, syncope and collapse, hypotension, hypothyroidism, cognitive communication deficit, atrial fibrillation, hypertension and hyperlipidemia.

Functional Capacity Screen (FCS) dated 12/12/19 recorded resident required physical assistance with bathing, dressing, toileting, transfer and walk/mobility and unable to perform management of medications and treatments. Resident has a history/problem with falls/unsteadiness.

Negotiated Service Agreement/ health care service plan (NSA/HCSP) dated 12/12/19 recorded staff to provide physical assistance with bathing, dressing, toileting, transfer and walk/mobility and management of medications and treatments.

Review of facility incident report dated 12/14/19 recorded a fall occurred on 12/13/19.

Nurses notes recorded entry 12/14/19 at 5:56 AM states "Resident had a fall and bumped her head, sent out to the hospital for further evaluation, came back with no new physician order."

Notes lacked entry for resident fall including date and time of fall, assessment of resident, time of transfer to hospital, date, time and status of resident upon return from hospital and notification of family.

Nurses notes recorded entries dated 1/24/20 & 1/25/20 lacked time of the entry: "Resident on fall follow up, no c/o pain or discomfort. Will continue to monitor for any changes"

Notes lacked entries for details of resident fall including date and time of falls, assessment,

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| | N046048 | A. BUILDING: _____ B. WING _____ | C 03/05/2020 |

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| S3261 | Continued From page 21 | S3261 | | |

notification of family and notification of Physician.

Interview on 3/5/20 at 11:45 am with licensed nurse #B confirmed nurses notes lacked entries for resident falls

- Record review for resident #309 recorded admission date 8/16/19 with diagnoses of: Congestive heart failure, Arteriosclerotic heart disease, Chronic kidney disease, Hypertension, Hyperlipidemia, & Thyroid disease.

Functional Capacity Screen (FCS) dated 8/16/19 recorded resident requires assistance with bathing, dressing, medication management and medical treatments, supervision with toileting and independent with transfer & walking/mobility.

Negotiated Service Agreement/ health care service plan (NSA/HCSP) dated 8/16/19 recorded staff to assist with bathing, dressing, toileting, transfer and walk/mobility and management of medications and treatments.

Review of nurse's notes dated 11/8/19 thru 11/25/19 reveal repeated entries "Resident continues on fall follow up"

Notes lacked entries for resident fall(s) including date and time of fall, details of fall, assessment and notification of family and notification of physician.

Interview on 3/5/20 at 11:45 am with licensed nurse #B confirmed nurses notes lacked entries for resident falls.

For residents #303, 308 and 309, the administrator failed to ensure documentation of all incidents, and indications of illness or injury

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| S3261 | Continued From page 22<br>including date, time of occurrence, action taken and results of the action. | S3261 | | |
| S3280 SS=F | 26-41-104 (d) Disaster and Emergency Preparedness<br><br>(d) Each administrator or operator shall ensure disaster and emergency preparedness by ensuring the performance of the following:<br>(1) Orientation of new employees at the time of employment to the facility ' s emergency management plan;<br>(2) education of each resident upon admission to the facility regarding emergency procedures;<br>(3) quarterly review of the facility ' s emergency management plan with employees and residents; and<br>(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.<br><br>This REQUIREMENT is not met as evidenced by:<br>KAR 26-4-104(d)(3)(4)<br><br>The census equaled 65 residents; the sample included 6 residents and 2 closed review residents. Based on interviews and review of records, for all residents, the administrator failed to ensure disaster and emergency preparedness when the administrator failed to ensure quarterly review of the facility's emergency management plan with residents. | S3280 | | |

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| NAME OF PROVIDER OR SUPPLIER | STREET ADDRESS, CITY, STATE, ZIP CODE |
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| S3280 | Continued From page 23<br><br>Findings included:<br><br>- On 3/4/20 at 9:20am during review of the facility's emergency preparedness plan with regional director of maintenance #J, presented documentation for a full evacuation of staff and residents on 1/14/20 and monthly staff fire drills and review of the emergency management plan on 7/24/19, 10/31/19, and 1/14/20 with staff. Records lacked evidence of review of the emergency management plan with residents. He stated "I don't believe we have any."<br><br>Interview on 3/5/20 at 12:25pm with administrator #A confirmed facility lacked documentation of review of the emergency management plan with residents.<br><br>For all residents of the facility, the administrator failed to ensure disaster and emergency preparedness when the administrator failed to ensure quarterly review of the facility's emergency management plan with residents. | S3280 | | |