

Kansas Department on Aging

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: B105138	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____	(X3) DATE SURVEY COMPLETED 01/29/2020
NAME OF PROVIDER OR SUPPLIER JOHNSONVILLE CARE HOME		STREET ADDRESS, CITY, STATE, ZIP CODE 2213 N 22ND ST KANSAS CITY, KS 66104		
(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 survey for licensure conducted on 1/28/2020, 1/29/2020 at the above named Home plus facility in Kansas City, KS.	S 000		
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 capacity screening and the negotiated service agreement. This REQUIREMENT is not met as evidenced by: KAR 26-42-204(a) The facility reported a census of 5 residents. The sample included 3 residents. Based on record review, observation and interview for 2(#128,130) sampled residents, requiring health care services, 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 #128 recorded admission date of 8/2/19 with diagnoses	S5155		

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

TITLE

(X6) DATE

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S5155	Continued From page 1 including: chronic obstructive pulmonary disease, Lung cancer, emphysema, difficulty walking, oxygen dependence, depression and anxiety. Functional Capacity Screen dated 8/2/19 recorded resident required supervision for bathing, dressing, toileting, transfer and walk/mobility. Resident unable to perform management of medications and treatments. Negotiated Service agreement/ health care service plan dated 8/2/19 recorded resident to receive supervision/ assistance with bathing, dressing, toileting, transfer and walk/mobility and staff to manage medications and treatments. Resident has floor mats for safety. Observation on 1/28/20 at 3:15pm revealed resident in bed on a winged pressure reduction mattress wearing oxygen via nasal canal from an oxygen concentrator. Health care service plan (HCSP) lacked entry for use of a winged pressure reduction mattress. Interview on 1/28/20 at 4:25pm with operator #A confirmed HCSP lacked entry for resident use of a winged pressure reduction mattress. Record review for resident #130 recorded admission date of 2/19/19 with diagnoses of: Spinal stenosis, hyperlipidemia, diabetes mellitus type 2, venous insufficiency, Alzheimer's and heart failure. Functional Capacity Screen dated 2/18/19 recorded resident required physical assistance with bathing, dressing, toileting, transfer and unable to perform management of medications and treatments.	S5155		

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S5155	Continued From page 2 Negotiated service agreement (NSA)/ health care service plan (HCSP) dated 2/18/19 recorded staff to provide physical assistance with bathing, dressing, toileting, transfer and management of medications and treatments. Observation on 1/28/20 in resident's room revealed a twin bed with a ¾ length rail on right side of the bed in up position. HCSP lacked entry for resident use of a side rail. Interview on 1/29/20 at 4:35pm confirmed resident used a side rail for positioning in bed and HCSP lacked an entry for the assistive device. For residents #128 and 130, 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		
S5300 SS=D	26-42-205 (d) (1-2) Facility Administration of Medications (d) Home administration of resident ' s medications. If a home 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	S5300		

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S5300	Continued From page 3 shall administer and manage medications for which the home has responsibility. (2) Medication aides shall not administer medication through the parenteral route. This REQUIREMENT is not met as evidenced by: KAR 26-42-205(d) The facility reported a census of 5 residents. The sample included 3 residents. Based on record review and interview for 1 (#128) sampled resident, the operator failed to ensure all medications were administered in accordance with a medical care provider's written order and professional standards of practice. Findings included: - Record review for resident #128 recorded admission date of 8/2/19 with diagnoses including: chronic obstructive pulmonary disease, Lung cancer, emphysema, difficulty walking, oxygen dependence, depression and anxiety. Functional Capacity Screen dated 8/2/19 recorded resident required supervision for bathing, dressing, toileting, transfer and walk/mobility. Resident unable to perform management of medications and treatments. Negotiated Service agreement/ health care service plan dated 8/2/19 recorded resident to receive supervision/ assistance with bathing,	S5300		

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S5300	Continued From page 4 dressing, toileting, transfer and walk/mobility and staff to manage medications and treatments. Resident has floor mats for safety. Hospice to provide all supplies. Observation on 1/28/20 at 4:35pm revealed resident in bed wearing oxygen at 4 liters per minute (LPM) via nasal canal from an oxygen concentrator. Resident records lacked physician's order for resident use of Oxygen. Hospice plan of care report dated 1/8/2020 recorded resident to receive Oxygen per nasal cannula continuous at 2 LPM. Oxygen start date of 8/1/18. January 2020 medication/ treatment record (MAR/TAR) lacked entries for resident Oxygen use, including liters per minute, schedule for changing humidifier bottle and tubing, and monitoring of resident blood oxygen level. Interview on 1/28/20 at 4:25pm with operator #A stated resident gets 5LPM of oxygen constant by nasal cannula, Hospice provided the oxygen and resident adjusted the oxygen level herself. She confirmed HCSP lacked entry for resident use of oxygen, resident record lacked physician's orders for oxygen and MAR/TAR lacked entry for resident use of oxygen and monitoring of the oxygen levels. She confirmed facility has a pulse oximeter for monitoring blood oxygen levels. For resident #128, the operator failed to ensure all medications were administered in accordance with a medical care provider's written order and professional standards of practice.	S5300		