

Kansas Department on Aging

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: B105114	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____	(X3) DATE SURVEY COMPLETED 01/28/2020
NAME OF PROVIDER OR SUPPLIER JOHNSONVILLE HOME LLC		STREET ADDRESS, CITY, STATE, ZIP CODE 2419 N 22ND STREET 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 a survey for re-licensure conducted on 1/27/20 and 1/28/20 at the above named home plus facility in Kansas City, KS.	S 000		
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 7 residents. The sample included 3 residents. Based on record review and interview for 3 sampled residents (#127,128,129), 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. Findings included: - Record review for resident #127 recorded admission date of 7/26/06 with diagnoses of: Coronary artery disease, hypertension, neuropathy, back pain, asthma, edema,	S5251		

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

TITLE

(X6) DATE

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S5251	Continued From page 1 degenerative disk disease, allergic rhinitis, seizures, diabetes mellitus, gastro-esophageal reflux disease, chronic obstructive pulmonary disease and hyperlipidemia. Functional Capacity Screen dated 7/10/19 recorded resident unable to perform management of medications and treatments. Negotiated Service Agreement/ health care service plan dated 7/10/19 recorded all medications will be administered by facility staff, RN, LPN, CMA (registered nurse, licensed practical nurse, certified medication aide). Resident will receive insulin as prescribed by primary care physician, administered by volunteer/ friend. Staff and/or volunteer will perform blood glucose checks as prescribed. Nurses Notes recorded 28 dated entries from 2/16/19 to 12/29/19, all entries lacked a time of each entry. Resident #128 recorded admission date of 8/6/18 with diagnoses of: Asthma, gastro-esophageal reflux disease, history of seizures, hypothyroidism, traumatic brain injury, incontinence, hypoxia, mood disorder, short bowel syndrome, depression and allergies. Functional Capacity Screen dated 9/6/19 recorded resident unable to perform bathing, dressing, toileting, walk/mobility and management of medications and treatments. Resident has a history of falls, impaired decision making, wandering and inappropriate behavior. Negotiated Service Agreement/ health care service plan dated 9/6/19 recorded staff to provide physical assistance with: bathing,	S5251		

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S5251	Continued From page 2 dressing, toileting, walk/mobility and management of medications and treatments, staff to supervise resident for falls, impaired decision making, wandering and inappropriate behavior. Nurses notes recorded 18 entries from 10/22/18 to 12/29/19, all entries lacked a time of each entry. Entry dated 12/29/19 recorded: "Patient having behaviors such as throwing self on to the floor. Doctor visit to facility on 12/11/19, started Seroquel (antipsychotic), increase not helping much" Previous entry dated 11/11/19 recorded: Doctor [name] visited patient today. Patient having increased behavior and agitation noted, new order noted: Seroquel 50 milligrams by mouth at bedtime." Both entries lacked time of entry. Record lacked entries for when, where and description of, the behaviors resident was having which required medication and follow-up after new medication for description of continued behaviors. Record review for resident #129 recorded admission date of 1/4/2020 with diagnoses of: dementia with behavioral disturbances, hyperlipidemia, depression, anxiety and hypertension. Functional Capacity Screen dated 1/4/2020 recorded resident required physical assistance with bathing, dressing, toileting and unable to perform management of medications and treatments. Negotiated Service Agreement/ health care service plan dated 1/4/2020 recorded staff to provide physical assistance with bathing,	S5251		

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S5251	Continued From page 3 dressing, toileting and management of medications and treatments. Nurses Notes contained one entry for 1/4/2020, "Patient arrived at facility at 1200pm" Entry lacked signature of staff who wrote the entry. Interview on 1/27/2020 at 4:23pm with operator #A confirmed the residents' nurses notes lacked times of the entries, resident #128 record lacked documentation of resident behaviors, including times, dates, descriptions of behaviors, for medication change and follow-up after the medication change, and confirmed 1/4/2020 nurses note entry for resident #129 lacked the signature of the nurse who wrote the documentation. For residents #127, 128 and 129 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		