

Kansas Department on Aging

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: B046068	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____	(X3) DATE SURVEY COMPLETED 01/23/2020
NAME OF PROVIDER OR SUPPLIER SPARKLING FOUNTAIN HOMES		STREET ADDRESS, CITY, STATE, ZIP CODE 8525 SWITZER RD OVERLAND PARK, KS 66214		
(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 represent the findings of an Initial survey at the above named Home Plus facility conducted on 1/21,22,23/2020.	S 000		
S 110 SS=F	26-39-103 (c) NOTICE OF RIGHTS AND SERVICES (c) Notice of rights and services. (1) Before admission, the administrator or operator shall ensure that each resident or the resident's legal representative is informed, both orally and in writing, of the following in a language the resident or the resident ' s legal representative understands: (A) The rights of the resident; (B) the rules governing resident conduct and responsibility; (C) the current rate for the level of care and services to be provided; and (D) if applicable, any additional fees that will be charged for optional services. (2) The administrator or operator shall ensure that each resident or the resident ' s legal representative is notified in writing of any changes in charges or services that occur after admission and at least 30 days before the effective date of the change. The changes shall not take place until notice is given, unless the change is due to a change in level of care. This STANDARD is not met as evidenced by: KAR 26-39-103(c)(1)(B) The facility reported a census of 4 residents. The sample included 3 residents. . Based on interview and record review for all residents the operator failed to ensure 3 (#121, #122, #123) of 3 sampled residents/legal representative were	S 110		

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

TITLE

(X6) DATE

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S 110	Continued From page 1 informed by staff both orally and in writing of the rules governing resident conduct and responsibility before admission. This had the potential to affect all residents in the facility. Findings included: - Review of resident #121's medical record revealed the resident admitted to the facility on 10-29-2019 with diagnoses of lewy body dementia, diabetes mellitus type 2 and hypertension. - Review of resident #122's medical record revealed the resident admitted to the facility on 2-26-2019 with diagnoses of diabetes mellitus type 2, cognitive impairment, hypertension, osteoporosis, heart disease. - Review of resident #123's medical record revealed the resident admitted to the facility on 7-1-2019 with diagnoses of osteoarthritis, dementia and hypertension. Review of the 3 sampled resident's admission agreements and additional admission records lacked evidence of the resident or legal representative being informed of the rules governing the resident's conduct and responsibility. During an interview on 1-22-2020 at 1:50 PM administrative licensed nursing staff confirmed the facility did not have anything in the admission agreement or other admission information regarding the rules of the facility. Review of the facilities policy regarding admissions and assessment policy bullet #2 included residents would receive information	S 110		

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S 110	Continued From page 2 regarding rates and charges and the resident's obligations regarding payment before admission but lacked informing the resident/legal representative of the rules governing the residents conduct and responsibilities. The administrator failed to ensure before admission all residents were informed by staff both orally and in writing, of their rights and the rules governing resident conduct and responsibility.	S 110		
S 230 SS=F	26-39-102 (b) (c) Admission Advanced Directives Resident Rights b) At the time of admission, adult care home staff shall inform the resident or the resident ' s legal representative, in writing, of the state statutes related to advance medical directives. (1) If a resident has an advance medical directive currently in effect, the facility shall keep a copy on file in the resident ' s clinical record. (2) The administrator or operator, or the designee, shall ensure the development and implementation of policies and procedures related to advance medical directives. (c) The administrator or operator, or the designee, shall provide a copy of resident rights, the adult care home's policies and procedures for advance medical directives, and the adult care home's grievance policy to each resident or the resident's legal representative before the prospective resident signs any admission agreement. This REQUIREMENT is not met as evidenced by:	S 230		

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S 230	Continued From page 3 KAR 26-39-102(b) The facility reported a census of 4 residents and the sample included 3 residents. Based on record review and interview for all residents, the operator failed to ensure at the time of admission facility staff informed the resident or the resident's legal representative, in writing, of the state statutes related to advanced medical directives. Findings included: - Review of resident #121's medical record revealed the resident admitted to the facility on 10-29-2019 with diagnoses of lewy body dementia, diabetes mellitus type 2 and hypertension. Review of the resident's admission agreement dated 10-29-2019 and other admission records, the record lacked written notification of the state statutes related to advanced medical directives. - Review of resident #122's medical record revealed the resident admitted to the facility on 2-26-2019 with diagnoses of diabetes mellitus type 2, cognitive impairment, hypertension, osteoporosis, heart disease. Review of the resident's admission agreement dated 2-26-2019 and other admission records, the record lacked written notification of the state statutes related to advanced medical directives. - Review of resident #123's medical record revealed the resident admitted to the facility on 7-1-2019 with diagnoses of osteoarthritis, dementia and hypertension. Review of the residents admission agreement	S 230		

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S 230	Continued From page 4 dated 7-1-2019 and other admission records, the record lacked written notification of the state statutes related to advanced medical directives. During an interview on 1-22-2020 at 1:50 PM administrative licensed nursing staff B reported she asked the families if they have a power of attorney, living will, or do not resuscitate and if they do, staff B asked them for a copy of it. Staff B confirmed the facility did not give anything in writing to the resident or legal representative in writing about advanced medical directives. Review of the facilities advanced medical directives policy revealed advance directive forms will be provided in the admission package, clients will be asked if they have advanced directives and they will be requested to sign that they have been provided with information regarding advanced directives. The operator failed to ensure at the time of admission, facility staff informed the resident or the resident's legal representative, in writing, of the state statutes related to advanced medical directives.	S 230		
S5035 SS=F	26-42-101 (i) Administration Reports (i) Reports. Each administrator or operator shall ensure the accurate completion and electronic submission of annual and semiannual statistical reports regarding residents, employees, and home occupancy to the department no later than 20 days following the last day of the period being reported. The administrator or operator shall ensure the submission of any other reports required by the department.	S5035		

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S5035	Continued From page 5 This REQUIREMENT is not met as evidenced by: KAR 26-41-101(i) The facility reported a census of 4 residents. The sample included 3 residents. Based on interview the operator failed to ensure the completion and electronic submission of annual and semiannual statistical reports regarding residents, employees, and home occupancy to the department no later than 20 days following the last day of the period being reported. This failure had the potential to effect all residents in the facility. Findings included: During an interview on 1-21-20 at 3:04 PM the surveyor asked operator A and administrative licensed nursing staff B about filing their annual reports to the Kansas Department for Aging and Disabilities services. Administrative licensed nursing staff B reported she did not know what annual reports needed to be filed with the state department. During the same interview Operator A also stated he did not know of any reports that needed to be completed and sent to the state department. The operator failed to ensure the completion and electronic submission of annual and semiannual statistical reports regarding residents, employees, and home occupancy to the department no later than 20 days following the last day of the period being reported.	S5035		
S5080 SS=E	26-42-201 (a) (b) Functional Capacity Screen on Admission	S5080		

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S5080	Continued From page 6 (a) On or before each individual 's admission to a home plus, a licensed nurse, a licensed social worker, or the administrator or operator shall conduct a screening to determine the individual 's functional capacity and shall record all findings on a screening form specified by the department. The administrator or operator may integrate the department 's screening form into a form developed by the home, which shall include each element and definition specified by the department. (b) A licensed nurse shall assess any resident whose functional capacity screening indicates the need for health care services. This REQUIREMENT is not met as evidenced by: KAR 26-42-201(a)(b) The facility reported a census of 4 residents and the sample included residents. Based on record review and interview the Operator failed to ensure on or before each individual's admission to the home plus, designated staff completed a screening to determine the individual's functional capacity and record all findings on the screening form specified by the department for 2 (#121 and #122) of 3 sampled residents. Findings included: - Review of resident #121's medical record revealed the resident admitted to the facility on 10-29-2019 with diagnoses of lewy body dementia, diabetes mellitus type 2 and	S5080		

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S5080	Continued From page 7 hypertension. Review of the resident's functional capacity screen dated 10-30-2019, completed the day after admission, revealed the resident needed physical assistance with all activities of daily living. Staff failed to complete the functional capacity screen on or before the residents admission on 10-29-2019. - Review of resident #122's medical record revealed the resident admitted to the facility on 2-26-2019 with diagnoses of diabetes mellitus type 2, cognitive impairment, hypertension, osteoporosis, heart disease. Review of the resident's functional capacity screen completed on 3-2-2019, 4 days after admission, revealed the resident required total to physical assistance with all activities of daily living. Staff failed to complete the functional capacity screen on or before the resident's admission on 3-2-2019. During an interview on 1-22-20 at 2:22 PM administrative licensed nursing staff B reported the functional capacity screen is completed based on the report we get from the facility they resident came from or from the family. Staff B confirmed the functional capacity screens had not always been completed upon admission. The Operator failed to ensure the designated staff completed the Functional Capacity Screen on or before admission to the facility for 2 of 3 sampled residents.	S5080		
S5115 SS=E	26-42-202 (c) Admission Negotiated Service Agreement	S5115		

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S5115	Continued From page 8 (c) Each administrator or operator shall ensure the development of an initial negotiated service agreement at admission. This REQUIREMENT is not met as evidenced by: KAR 26-42-202(c) The facility reported a census of 4 residents. The sample included 3 residents. Based on record review and interview for 2 (#121 and #122) of 3 sampled residents, the operator failed to ensure development of an initial negotiated services agreement at admission. findings included: - Review of resident #121's medical record revealed the resident admitted to the facility on 10-29-2019 with diagnoses of lewy body dementia, diabetes mellitus type 2 and hypertension. Review of the resident's functional capacity screen dated 10-30-2019 revealed the resident needed physical assistance with all activities of daily living. Review of the resident's admission negotiated service agreement revealed a completion date of 10-30-2019, the day after admission. - Review of resident #122's medical record revealed the resident admitted to the facility on 2-26-2019 with diagnoses of diabetes mellitus type 2, cognitive impairment, hypertension, osteoporosis, heart disease.	S5115		

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S5115	Continued From page 9 Review of the resident's functional capacity screen completed on 3-2-2019 revealed the resident required total to physical assistance with all activities of daily living. Review of the resident's admission negotiated service agreement revealed a completion date of 3-2-2019, 4 days after admission. During an interview on 1-22-2020 at 2:22 PM administrative licensed nursing staff B reported after she does the functional capacity screen she does the negotiated service agreement. Staff B confirmed the residents negotiated service agreement had not been completed at admission. For Residents #121 and #122, the operator failed to ensure the development of an initial negotiated service agreement at admission.	S5115		
S5215 SS=F	26-42-104 (d) Disaster and Emergency Preparedness Education (d) Each administrator or operator shall ensure disaster and emergency preparedness by ensuring the performance of the following: (1) Orientation of new employees at the time of employment to the home ' s emergency management plan; (2) education of each resident upon admission to the home regarding emergency procedures; (3) quarterly review of the home ' s emergency management plan with employees and residents; and (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.	S5215		

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S5215	Continued From page 10 This REQUIREMENT is not met as evidenced by: KAR 26-42-104(d)(3) The facility reported a census of 4 residents. Based on interview and record review the operator failed to ensure disaster preparedness by failing to provide quarterly reviews of the home's emergency management plan with all employees and failed to have evidence of completion of an annual evacuation drill with staff and residents. This failure had the potential to effect all residents in the facility Findings included: - Review of the emergency management briefing notebook provided by administrative licensed nursing staff B on 1-22-2020 at 12:01 PM revealed the emergency plan had been reviewed with the residents and with operator A and administrative nursing staff B. The notebook lacked evidence of reviewing the emergency management plan with all facility employees. Review of the new employee records revealed the Operator had hired new employees in November 2019 and January of 2020 . During an interview on 1-22-2020 at 12:45 PM administrative licensed nursing staff B reported the employee files did not have anything to show reviewing the emergency management plan with them either. The operator failed to ensure disaster preparedness by failing to provide quarterly reviews of the home's emergency management	S5215		

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S5215	Continued From page 11 plan with all employees upon hire and quarterly. - Review of the emergency management briefing notebook provided by administrative licensed nursing staff B on 1-22-2020 at 12:01 PM lacked evidence of completion of an annual evacuation drill with staff and residents. During an interview on 1-22-2020 at 1:15 PM Operator A stated he had done drills and told staff what to do but did not have any documentation of the drills. The operator failed to have evidence of completion of an annual evacuation drill with staff and residents. This failure had the potential to effect all residents in the facility.	S5215		
S5301 SS=F	26-42-205 (d) (3) Facility Administration of Medications (d) (3) A licensed nurse or medication aide shall perform the following: (A) Administer only the medication that the licensed nurse or medication aide has personally prepared; (B) identify the resident before medication is administered; (C) remain with the resident until the medication is ingested or applied; and (D) document the administration of each resident ' s medication in the resident ' s medication administration record immediately before or following completion of the task. If the medication administration record identifies only time intervals or events for the administration of medication, the licensed nurse or medication aide shall document the actual clock time the medication is administered.	S5301		

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S5301	Continued From page 12 This REQUIREMENT is not met as evidenced by: KAR 26-42-205(d)(3)(D) The facility reported a census of 4 residents and the sample included 3 residents. Based on record review and interview for all residents, the operator failed to ensure a licensed nurse or medication aide documented the actual clock time of the medications administered for 3 (#121, #122, #123) of 3 sampled residents. Findings included: - Review of resident #121's medical record revealed the resident admitted to the facility on 10-29-2019 with diagnoses of lewy body dementia, diabetes mellitus type 2 and hypertension. Review of the resident's functional capacity screen dated 10-30-2019 revealed the resident needed physical assistance with all activities of daily living and could not manage his own medications. Review of the negotiated service agreement dated 10-30-2019 revealed facility staff would administer and manage the resident's medications. - Review of resident #122's medical record revealed the resident admitted to the facility on 2-26-2019 with diagnoses of diabetes mellitus type 2, cognitive impairment, hypertension, osteoporosis, heart disease. Review of the resident's functional capacity	S5301		

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S5301	Continued From page 13 screen completed on 3-2-2019 revealed the resident required total to physical assistance with all activities of daily living and could not manage his medications and treatments. Review of the negotiated service agreement dated 3-2-2019 revealed the resident's medications would be administered and managed by facility staff. Review of the residents record included a licensed pharmacist review for 1-8-2020 but did not have any reviews for 2019. - Review of resident #123's medical record revealed an admission date of 7-1-2019 with diagnoses of dementia, hypertension, and osteoarthritis. Review of the resident's functional capacity screen dated 10-25-2019 revealed the resident needed physical assistance with all activities of daily living and could not manage her own medications or treatments. Review of the resident's negotiated service agreement dated 10-26-2019 revealed staff would manage and administer the resident's medications. Review of resident #121, #122, and #123's medication administration record lacked actual clock times of medications given except for when staff administered as needed medications. They included AM, Noon, PM, and HS times. During an interview on 1-22-2020 at 1:53 PM administrative licensed nursing staff B reported they used to have clock times but changed it to liberalized times to accommodate for resident's	S5301		

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S5301	Continued From page 14 that wanted to sleep in and so forth. Staff B confirmed all residents used to liberalized medication pass times of AM, PM, and HS. The operator failed to ensure a licensed nurse or medication aide documented the actual clock time for all residents when they administered the residents medication.	S5301		
S5325 SS=E	26-42-205 (I) Medication Regimen Review Frequency (I) Medication regimen review. A licensed pharmacist or licensed nurse shall conduct a medication regimen review at least quarterly for each resident whose medication is managed by the home and each time the resident experiences any significant change in condition. This REQUIREMENT is not met as evidenced by: KAR 26-42-205(I) The facility reported a census of 3 residents and the sample included 3 residents. Based on record review and interviews, the Operator failed to ensure a Licensed Pharmacist/or Licensed Nurse conducted a medication regimen review for 2 (#122 and #123) of 3 residents at least quarterly and each time the resident experienced any significant change in status whose medication is managed by the home. Findings included:	S5325		

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(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
S5325	Continued From page 15 - Review of resident #122's medical record revealed the resident admitted to the facility on 2-26-2019 with diagnoses of diabetes mellitus type 2, cognitive impairment, hypertension, osteoporosis, heart disease. Review of the resident's functional capacity screen completed on 3-2-2019 revealed the resident required total to physical assistance with all activities of daily living and could not manage his medications and treatments. Review of the negotiated service agreement dated 3-2-2019 revealed the resident's medications would be administered and managed by facility staff. Review of the residents record included a licensed pharmacist review for 1-8-2020 but did not have any reviews for 2019. - Review of resident #123's medical record revealed an admission date of 7-1-2019 with diagnoses of dementia, hypertension, and osteoarthritis. Review of the resident's functional capacity screen dated 10-25-2019 revealed the resident needed physical assistance with all activities of daily living and could not manage her own medications or treatments. Review of the resident's negotiated service agreement dated 10-26-2019 revealed staff would manage and administer the resident's medications. Review of the resident's record included a licensed pharmacist review for 1-8-2020 but did not have any reviews for 2019.	S5325		

Kansas Department on Aging

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S5325	Continued From page 16 During an interview on 1-22-2020 at 2:11 PM operator staff A reported the pharmacy is now printing their medication administration records and so they are now coming out to do the medication reviews. Administrative licensed nursing staff stated there were no pharmacy reviews or review according to the regulation by a licensed nurse completed in 2019. The Operator failed to ensure a Licensed Pharmacist or licensed nurse conducted a medication regimen review at least quarterly for residents whose medication is managed by the facility.	S5325		