

Kansas Department on Aging

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: N046062	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____	(X3) DATE SURVEY COMPLETED 12/12/2019
NAME OF PROVIDER OR SUPPLIER THE ATRIUMS SENIOR LIVING COMMUNITY		STREET ADDRESS, CITY, STATE, ZIP CODE 7300 W 107 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
S 000	INITIAL COMMENTS The following citations are the result of a survey for re-licensure conducted on 12/11/19 and 12/12/19 at the above named assisted living facility in Overland Park, KS.	S 000		
S3085 SS=E	26-41-202 (a) Negotiated Service Agreement (a) The administrator or operator of each assisted living facility or residential health care facility shall ensure the development of a written negotiated service agreement for each resident, based on the resident ' s functional capacity screening, service needs, and preferences, in collaboration with the resident or the resident ' s legal representative, the case manager, and, if agreed to by the resident or the resident ' s legal representative, the resident ' s family. The negotiated service agreement shall provide the following information: (1) A description of the services the resident will receive; (2) identification of the provider of each service; and (3) identification of each party responsible for payment if outside resources provide a service. This REQUIREMENT is not met as evidenced by: KAR 26-41-202 (a) The facility census equaled 34 the sample included 3 residents. Based on observation, record review and interview for 2 residents (#121, 123) the operator failed to ensure the Negotiated Service Agreement (NSA) completed for residents who required health care services, is done in collaboration with the resident or the	S3085		

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

TITLE

(X6) DATE

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S3085	Continued From page 1 resident's legal representative and contained a description of the services the resident will receive, identify the provider of each service and identify each party responsible for payment if outside resources provide a service. Findings included: - Record review for resident #121 recorded admission date of 3/13/15 with diagnoses of hyperlipidemia, arthropathy, dementia, hypertension, asthma, chronic obstructive pulmonary disease, prostate neoplasm and bullous pemphigoid. Functional capacity screen dated 9/11/19 recorded resident required assistance with bathing and independent with transfers and mobility. Negotiated service agreement/ health care service plan (NSA/HCSP) dated 9/11/19 recorded staff to assist resident with showers and resident used a straight cane for ambulation. Resident notes dated 11/11/19 and 11/13/19 recorded physical therapy notes for fitting resident for a roller walker/ instructions and exercises. NSA/HCSP lacked entry for the outside provider for physical therapy services. Observation on 12/11/19 at 2:15pm in resident's room revealed an oxygen concentrator beside resident's bed. Resident stated he used it in bed for his sleep apnea, sometimes he puts it on, sometimes the staff puts it on him. NSA/HCSP lacked entry for the outside provider	S3085		

Kansas Department on Aging

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S3085	Continued From page 2 for oxygen services. Interview on 11/21/19 at 5:35pm with operator/licensed nurse #A confirmed resident received physical therapy services from an outside provider in November and NSA/HCSP lacked entry (lacked addendum) for outside provider services for physical therapy. She confirmed resident used oxygen in bed provided by an outside provider and NSA/HCSP lacked an entry for the outside provider oxygen services. - Record review for resident #123 recorded admission date of 10/4/19 with diagnoses of: myocardial infarction, cystitis, history of falls, atherosclerotic heart disease, diabetes mellitus type 2, ischemic cardio myopathy, hyperlipidemia, depression, hypertension and peripheral vascular disease. Functional Capacity screen dated 10/4/19 recorded resident required physical assistance with bathing and dressing and required supervision with transfers and mobility and a history of falls. Negotiated service agreement/ health care service plan (NSA/HCSP) dated 10/4/19 recorded staff to assist resident with bathing, dressing and to provide supervision with transfers and mobility. Physician's telephone order dated 11/25/19 recorded "Home health for physical therapy due to falls and walker safety." Physical therapy notes dated 12/10/19 recorded start of care date 12/5/19 for gait/balance/transfer training with exercises. NSA/HCSP lacked entry for the outside provider	S3085		

Kansas Department on Aging

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S3085	Continued From page 3 for physical therapy services. Interview on 11/21/19 at 5:35pm with operator/licensed nurse #A confirmed resident received physical therapy services from an outside provider and NSA/HCSP lacked entry (lacked addendum) for outside provider services for physical therapy. For residents #121, 123 the operator failed to ensure the Negotiated Service Agreement (NSA) completed for residents who required health care services, is done in collaboration with the resident or the resident's legal representative and contained a description of the services the resident will receive, identify the provider of each service and identify each party responsible for payment if outside resources provide a service.	S3085		
S3155 SS=E	26-41-204 (a) Health Care Services . (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. This REQUIREMENT is not met as evidenced by: KAR 26-41-204(a) The facility reported a census of 34 residents. The sample included 3 residents. Based on	S3155		

Kansas Department on Aging

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S3155	Continued From page 4 record review, observation and interview for 3 (#121, 122, 123) 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 #121 recorded admission date of 3/13/15 with diagnoses of hyperlipidemia, arthropathy, dementia, hypertension, asthma, chronic obstructive pulmonary disease, prostate neoplasm and bullows pemphigoid. Functional capacity screen dated 9/11/19 recorded resident required assistance with bathing and independent with transfers and mobility. Negotiated service agreement/ health care service plan (NSA/HCSP) dated 9/11/19 recorded staff to assist resident with showers and resident used a straight cane for ambulation. Observation on 12/11/19 at 2:15pm in resident's room revealed 2 bed canes (assistive devices for transfer/turning) attached to the head of the bed. Resident stated: "Those really help me get up." NSA/HCSP lacked entry for resident use of bed canes for physical assistance with transfers. Interview on 12/11/19 at 5:35pm with operator/licensed nurse #A confirmed resident had bed canes and NSA/HCSP lacked entry for	S3155		

Kansas Department on Aging

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S3155	Continued From page 5 resident use of bed canes for transfers. - Record review for resident #122 recorded admission date of 7/16/19 with diagnoses of Post procedural hypinsulinemia, polyarthritis, atherosclerotic heart disease, pancreatic cancer, hyperlipidemia, hypothyroidism, atrial fibrillation, gastroesophageal reflux disease and hypertension. Functional capacity screen dated 7/15/19 recorded resident required physical assistance with bathing, dressing and toileting and required supervision with transfers and mobility. Negotiated service agreement/ health care service plan (NSA/HCSP) dated 7/16/19 recorded staff to provide physical assistance with bathing, dressing and toileting and supervision with transfers and mobility. Observation on 12/11/19 at 3:40pm in resident's room revealed a hospital bed with 2 bed canes attached to the head of the bed. NSA/HCSP lacked entry for resident use of bed canes for physical assistance with transfers. Interview on 12/11/19 at 5:35pm with operator/licensed nurse #A confirmed resident had bed canes and NSA/HCSP lacked entry for resident use of bed canes for transfers. - Record review for resident #123 recorded admission date of 10/4/19 with diagnoses of: myocardial infarction, cystitis, history of falls, atherosclerotic heart disease, diabetes mellitus type 2, ischemic cardio myopathy, hyperlipidemia, depression, hypertension and peripheral vascular disease.	S3155		

Kansas Department on Aging

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S3155	Continued From page 6 Functional Capacity screen dated 10/4/19 recorded resident required physical assistance with bathing and dressing and required supervision with transfers and mobility. Negotiated service agreement/ health care service plan (NSA/HCSP) dated 10/4/19 recorded staff to assist resident with bathing, dressing and to provide supervision with transfers and mobility. Observation on 12/11/19 at 2:52pm in resident's room revealed resident had a twin bed with a bed cane attached. NSA/HCSP lacked entry for resident use of bed canes for physical assistance with transfers/mobility. Interview on 12/11/19 at 5:35pm with operator/licensed nurse #A confirmed resident had a bed cane and NSA/HCSP lacked entry for resident use of a bed cane for transfers/mobility. For residents #121, 122, 123 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.	S3155		
S3200 SS=D	26-41-205 (d) (1-2) Facility Administration of Medications (d) Facility administration of resident ' s medications. If a facility is responsible for the administration of a resident ' s medications, the administrator or operator shall ensure that all medications and biologicals are administered to	S3200		

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S3200	Continued From page 7 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 shall administer and manage medications for which the facility has responsibility. (2) Medication aides shall not administer medication through the parenteral route. This REQUIREMENT is not met as evidenced by: KAR 26-41-205(d) The facility reported a census of 34 residents. The sample included 3 residents. Based on record review and interview for 1 resident (#121), the operator failed to ensure all medications and treatments were administered in accordance with a medical care provider's written order, professional standards of practice and each manufacturer's recommendations. Findings included: - Record review for resident #121 recorded admission date of 3/13/15 with diagnoses of hyperlipidemia, arthropathy, dementia, hypertension, asthma, chronic obstructive pulmonary disease, prostate neoplasm and	S3200		

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S3200	Continued From page 8 bulwos pemphigoid. Functional capacity screen dated 9/11/19 recorded resident unable to perform management of medications and treatments. Negotiated service agreement/ health care service plan (NSA/H CSP) dated 9/11/19 recorded licensed or certified staff will administer all medications, and individualized assistance with colostomy bag. Observation on 12/11/19 at 2:15pm in resident's room revealed an oxygen concentrator beside resident's bed. Resident stated he used it in bed for his sleep apnea, sometimes he puts it on, sometimes the staff puts it on him. Review of December 2019 medication/ treatment administration records revealed records lacked entry for administration of oxygen. Review of resident physician orders revealed record lacked order for resident use of oxygen. Interview on 12/11/19 at 5:35pm with operator/licensed nurse #A confirmed resident used oxygen while in bed, resident's record lacked physician's order and resident's medication/treatment record lacked entries for use/administration of the oxygen. For resident #121, the operator failed to ensure all medications and treatments were administered in accordance with a medical care provider's written order, professional standards of practice and each manufacturer's recommendations.	S3200		

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S3211	Continued From page 9	S3211		
S3211 SS=F	26-41-205 (g) (3) OVER THE COUNTER DRUGS (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. This REQUIREMENT is not met as evidenced by: KAR 26-41-205(g) (3) The facility reported a census of 34 residents. The sample included 3 residents. The resident roster identified all residents as receiving medication management. Based on observations and interviews 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. Findings included: - Observation on 12/11/19 at 9:43am during facility tour of "A side" medication cart with certified staff #C, observed 22 OTC medications	S3211		

Kansas Department on Aging

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S3211	Continued From page 10 that lacked the full name of the resident including the following: Equate brand Antacid (stomach) 1000mg (milligrams) 160 count; Top Care brand 8-hour arthritis relief, Acetaminophen (pain) extended release 650mg, 150 count; Up and Up brand Women's daily vitamins (supplement), 300 count; Nature Made brand D3(supplement) 25mcg (micrograms), 300 count; Equate Brand Ranitidine (stomach) 150mg, 220count; Dulcolax liquid gels (constipation) 50 count; 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: Equate Brand Saline nasal spray (moisture) 1.5-ounce bottle; Fluticasone Propionate Nasal Spray (allergy) 120 sprays; Senokot (constipation) 50 count; Equate brand complete vitamin (supplement) 200 count. Facility policy titled "medication management and storage" recorded: "Over the counter drugs: ...The pharmacist or licensed nurse shall place the full name of the resident on the package." 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		

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S3298	Continued From page 11	S3298		
S3298 SS=F	26-41-206 (d) Food Preparation (d) Food preparation. Food shall be prepared using safe methods that conserve the nutritive value, flavor, and appearance and shall be served at the proper temperature. (1) Food used by facility staff to serve to the residents, including donated food, shall meet all applicable federal, state, and local laws and regulations. (2) Food in cans that have significant defects, including swelling, leakage, punctures, holes, fractures, pitted rust, or denting severe enough to prevent normal stacking or opening with a manual, wheel-type can opener, shall not be used. (3) Food provided by a resident 's family or friends for individual residents shall not be required to meet federal, state, and local laws and regulations. This REQUIREMENT is not met as evidenced by: KAR 26-41-206(d) The facility reported a census of 34 residents. Based on record review and interview for all residents living in the assisted living unit and receiving meal services, the operator failed to ensure facility staff served food at the proper temperature. Findings included:	S3298		

Kansas Department on Aging

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S3298	Continued From page 12 - On 12/11/19 at 8:55am during tour of the assisted living kitchenette area by the dining room with dietary director #B, observed staff serve breakfast foods to residents. Requested food temperature monitoring logs. Review of the food temperature monitoring logs revealed logs for 12/10/19, 12/9/19 and 12/8/19: Logs recorded monitoring for breakfast only, records lacked monitoring of food temperatures for lunch and dinner on the unit. Interview on 12/11/19 at 9:00am with dietary director #B confirmed logs incomplete stating "We've had staffing issues, we can do better." He confirmed residents eat all meals on the unit and food is prepared in the independent living kitchen and brought up to the unit. Review of food temperature monitoring logs in the independent living (main) kitchen on 12/11/19 at 4:22pm with executive chef #G revealed only 22 days of food temperature monitoring logs from 10/11/19 to 12/11/19. 10 logs lacked any record of food temperature monitoring, 1 log (10/11/19) recorded only breakfast and lunch food temperatures and 11 logs recorded only breakfast food temperatures and lacked temperatures for lunch and dinner meals. Interview on 12/11/19 at 4:22pm with dietary director #B confirmed records were incomplete. Facility policy titled "Food handling guidelines" recorded "Food must be cooked to minimum safe internal temperature listed in the chart below and the final cooking temperature will be recorded:" (example: poultry: 165F(Fahrenheit) for 15 seconds) "Hot holding temperatures" "Foods should be held hot for service at a temperature of	S3298		

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S3298	Continued From page 13 140F or higher." "Temperatures of hot food in service will be documented: at the beginning of service and either middle or end of service ..." Interview on 12/11/19 at 2:45pm with resident # 121 stated "The food is not always hot, but we can send it back to get it reheated." The Kansas Department of Agriculture guidelines titled Focus on Food Safety, reads: Cold foods must be maintained at an internal temperature of 41 degrees or below. Hot foods must be maintained at an internal temperature of 135 degrees or higher. For all residents living in the assisted living unit and receiving meal services, the operator failed to ensure facility staff served food at the proper temperature.	S3298		
S3420 SS=F	28-39-256 MECHANICAL REQUIREMENTS (c) Mechanical requirements. (1) Heating, air conditioning, and ventilating systems. (A) The system shall be designed to maintain a year-round indoor temperature range of 70oF or 21oC to 85oF or 26oC. (B) Each apartment or individual living unit shall allow the resident to control the temperature. (2) Plumbing and piping systems.	S3420		

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S3420	Continued From page 14 (A) Backflow prevention devices or vacuum breakers shall be installed on fixtures to which hoses or tubing can be attached. (B) Water distribution systems shall be arranged to provide hot water at outlets at all times. The temperature of hot water shall range between 98oF and 120oF at bathing facilities, sinks, and lavatories in resident use areas. (3) Electrical requirements. (A) All spaces occupied by persons or machinery and equipment within the buildings, approaches to buildings, and parking lots shall have adequate lighting. (B) Minimum lighting intensity levels shall be as required in Table 1. (C) Each corridor and stairway shall remain lighted at all times. (D) Each light in resident use areas shall be equipped with shades, globes, grids, or glass panels. This REQUIREMENT is not met as evidenced by: KAR 28-39-256 (c)(2)(B) The facility reported a census of 34 residents. The sample included 3 residents. Based on observation, record review and interview for all residents, the operator failed to ensure the facility water distribution system maintained a safe hot water temperature between 98 and 120 degrees Fahrenheit at the sinks in resident use areas.	S3420		

Kansas Department on Aging

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: N046062	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____	(X3) DATE SURVEY COMPLETED 12/12/2019
NAME OF PROVIDER OR SUPPLIER THE ATRIUMS SENIOR LIVING COMMUNITY		STREET ADDRESS, CITY, STATE, ZIP CODE 7300 W 107 STREET OVERLAND PARK, KS 66212		
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S3420	Continued From page 15 Findings included: During tour of the assisted living unit on 12/11/19 at 9:00am at the sink in the dining room open concept kitchenette, revealed a water temperature of 129.3F (degrees Fahrenheit). On 12/11/19 at 12:25pm at the sink in the unit's only public restroom, revealed a water temperature of 124.1F. On 12/11/19 at 2:45pm at resident #121 kitchen sink, revealed a water temperature of 128.6F. On 12/11/19 at 2: 52pm at resident #123 kitchen sink, revealed a water temperature of 112.2F. Resident stated "Sometimes our water gets hot!". On 12/11/19 at 3:40pm at resident #122 bathroom sink, revealed a water temperature of 121.6F. On 12/11/19 at 3:50pm with maintenance staff #E and #F, tested sinks throughout the assisted living unit with the following results: Resident room #207: Kitchen sink: Facility thermometer 129.4F; Department thermometer: 131F; Bathroom sink: Facility thermometer 130.6F; Department thermometer: 131F. Resident room #211: Kitchen sink: Facility thermometer 130.6F; Department thermometer: 130.6F; Bathroom sink: Facility thermometer 126.5F; Department thermometer: 125.6F. Interview on 12/11/19 at 3:45pm with maintenance staff #E and #F stated they try to do water temperature monitoring on the unit daily.	S3420		

Kansas Department on Aging

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: N046062	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____	(X3) DATE SURVEY COMPLETED 12/12/2019
NAME OF PROVIDER OR SUPPLIER THE ATRIUMS SENIOR LIVING COMMUNITY		STREET ADDRESS, CITY, STATE, ZIP CODE 7300 W 107 STREET OVERLAND PARK, KS 66212		
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S3420	Continued From page 16 One room near the nurse's room is typically tested along with the kitchen room (a locked room staff used for food preparation). Review of facility document "Water temperature assisted living" recorded water temperature monitoring for the assisted living unit, only 9 times from 11/23/19 through 12/10/19. All results recorded 2 location tests in the mornings (7:12am to 8:30am), resulting in temperatures ranging from 116F to 123F. Facility document titled "Test and log the hot water temperatures." Recorded: "Test water temperatures: ensure patient room water temperatures are between 105-115F or as specified by state requirements. Test temperature in shower areas, test temperature at the mixing valve, check resident rooms at the end of each wing on a rotating basis or per facility policy, common area bathrooms, public bathrooms and any other areas having sinks should be checked and recorded as well." For all residents of the assisted living unit, the operator failed to ensure the facility water distribution system maintained a safe hot water temperature between 98 and 120 degrees Fahrenheit at the sinks in resident use areas.	S3420		