

Kansas Department on Aging

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: N046056	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____	(X3) DATE SURVEY COMPLETED C 11/20/2019
NAME OF PROVIDER OR SUPPLIER HOMESTEAD OF SHAWNEE OPERATIONS LLC		STREET ADDRESS, CITY, STATE, ZIP CODE 16207 MIDLAND DRIVE SHAWNEE, KS 66217		
(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 with attached complaints conducted on 11/8/19, 11/19/19 and 11/20/19 at the above named assisted living facility in Shawnee, KS.	S 000		
S3175 SS=E	26-41-205 (a) (1) Self Administration of Medication (a) Self-administration of medication. Any resident may self-administer and manage medications independently or by using a medication container or syringe prefilled by a licensed nurse or pharmacist or by a family member or friend providing this service gratuitously, if a licensed nurse has performed an assessment and determined that the resident can perform this function safely and accurately without staff assistance. (1) An assessment shall be completed before the resident initially begins self-administration of medication, if the resident experiences a significant change of condition, and annually. This REQUIREMENT is not met as evidenced by: KAR 26-41-205(a) The facility reported a census of 26 residents. The sample included 3 residents. Based on record review, observation and interview for 2 sampled residents (#119, 120), the operator failed to ensure the resident could perform self-administration of insulin injections safely and	S3175		

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

TITLE

(X6) DATE

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S3175	Continued From page 1 accurately without staff assistance Findings included: - Record review for resident #119 recorded admission date of 2/27/18 with diagnoses of: bradycardia, diabetes Mellitus type 2, cardiac arrhythmia, restless leg syndrome, cardiomegaly, cognitive care deficit, hypertension, dementia, hyperlipidemia, hypothyroidism and depression. Functional Capacity Screen (FCS) dated 9/9/19 recorded resident required physical assistance with management of medications and treatments. Negotiated service agreement/health care service plan (NSA/HCSP) dated 9/9/19 recorded facility RN (registered nurse), LPN (Licensed practical nurse) or CMA (certified medication aide) to administer all medications and treatments. November medication administration record (MAR) recorded: Lantus Solostar solution (diabetes) 100 unit/ml (milliliter) inject 10 units subcutaneously in the morning, supervised self-administration; and: Novolog Penfill (insulin/diabetes) solution cartridge 100 units/ml inject per sliding scale; supervised self-administration. Administered 11/13/19 thru 11/18/19. Observation on 11/19/19 at 3:53pm in resident's room, observed certified staff #C dial resident's insulin pen and hand to resident who injected insulin into her abdomen with cueing from CMA. Record lacked assessment for resident ability to self-inject insulin. Record review for resident #120 recorded	S3175			

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S3175	Continued From page 2 admission date of 8/21/19 with diagnoses of: history of falls, anxiety, atrial fibrillation with pacemaker, diabetes mellitus type 2, bilateral osteoarthritis of the knees, hypertension, hyperlipidemia, gastroesophageal reflux disease and pain in the wrist. FCS dated 8/21/19 recorded resident required physical assistance with management of medications and treatments. NSA/H CSP dated 8/21/19 recorded facility RN (registered nurse), LPN (Licensed practical nurse) or CMA (certified medication aide) to administer all medications and treatments. November medication administration record (MAR) recorded: Lantus Solostar solution (diabetes) 100 unit/ml inject 12 units subcutaneously in the morning, supervised self-administration; and: Humalog Kwikpen (insulin/diabetes) solution cartridge 100 units/ml inject per sliding scale; supervised self-administration. Administered 11/13/19 thru 11/18/19. Interview on 11/19/19 at 3:40pm with resident, she stated "Staff do the glucometer, I can inject (insulin) myself if they get it all set up." Record lacked assessment for resident ability to self-inject insulin. Interview on 11/19/19 at 4:07pm with licensed nurse #B confirmed resident records lacked assessment for residents #119 and 120 ability to safely self-inject insulin. For residents #119, 120, the operator failed to ensure the resident could perform self-administration of insulin injections safely and	S3175		

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S3175	Continued From page 3 accurately without staff assistance.	S3175		
S3186 SS=E	26-41-205 (b) Administration of Selected Medications (b) Administration of select medications. Any resident who self-administers medication may select some medications to be administered by a licensed nurse or medication aide. The negotiated service agreement shall reflect this service and identify who is responsible for the administration and management of selected medications. This REQUIREMENT is not met as evidenced by: KAR 26-41-205(b) The facility reported a census of 26 residents. The sample included 3 residents. Based on observation, record review and interview for 2 sampled residents (#119,120), the operator failed to ensure the Negotiated Service Agreement reflected resident self-injection of insulin. Findings included: - Record review for resident #119 recorded admission date of 2/27/18 with diagnoses of: bradycardia, diabetes Mellitus type 2, cardiac arrhythmia, restless leg syndrome, cardiomegaly, cognitive care deficit, hypertension, dementia, hyperlipidemia, hypothyroidism and depression.	S3186		

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S3186	Continued From page 4 Functional Capacity Screen (FCS) dated 9/9/19 recorded resident required physical assistance with management of medications and treatments. Negotiated service agreement/health care service plan (NSA/HCSP) dated 9/9/19 recorded facility RN (registered nurse), LPN (Licensed practical nurse) or CMA (certified medication aide) to administer all medications and treatments. November medication administration record (MAR) recorded: Lantus Solostar solution (diabetes) 100 unit/ml (milliliter) inject 10 units subcutaneously in the morning, supervised self-administration; and: Novolog Penfill (insulin/diabetes) solution cartridge 100 units/ml inject per sliding scale; supervised self-administration. Administered 11/13/19 thru 11/18/19. Observation on 11/19/19 at 3:53pm in resident's room, observed certified staff #C dial resident's insulin pen and hand to resident who injected insulin into her abdomen with cueing from CMA. NSA/HCSP lacked entry for resident self-injection of insulin. Record review for resident #120 recorded admission date of 8/21/19 with diagnoses of: history of falls, anxiety, atrial fibrillation with pacemaker, diabetes mellitus type 2, bilateral osteoarthritis of the knees, hypertension, hyperlipidemia, gastroesophageal reflux disease and pain in the wrist. FCS dated 8/21/19 recorded resident required physical assistance with management of	S3186			

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S3186	Continued From page 5 medications and treatments. NSA/HCSP dated 8/21/19 recorded facility RN (registered nurse), LPN (Licensed practical nurse) or CMA (certified medication aide) to administer all medications and treatments. November medication administration record (MAR) recorded: Lantus Solostar solution (diabetes) 100 unit/ml inject 12 units subcutaneously in the morning, supervised self-administration; and: Humalog Kwikpen (insulin/diabetes) solution cartridge 100 units/ml inject per sliding scale; supervised self-administration. Administered 11/13/19 thru 11/18/19. Interview on 11/19/19 at 3:40pm with resident, she stated "Staff do the glucometer, I can inject (insulin) myself if they get it all set up." NSA/HCSP lacked entry for resident self-injection of insulin. Interview on 11/19/19 at 4:07pm with licensed nurse #B confirmed residents' NSA/HCSP lacked entries for self-injection of insulin. For residents #119,120, the operator failed to ensure the Negotiated Service Agreement reflected resident self-injection of insulin.	S3186		
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	S3200		

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S3200	Continued From page 6 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 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 26 residents. The sample included 3 residents. Based on observation, record review and interview for 1 resident (#118), 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 #118 recorded admission date of 5/7/07 with diagnoses of Alzheimer's, hyperlipidemia, osteoporosis, glaucoma, atrial fibrillation, atherosclerosis and	S3200		

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S3200	Continued From page 7 hypertension. Functional Capacity Screen dated 9/18/19 recorded resident unable to perform management of medications and treatments. Negotiated Service Agreement/ Health Care Service Plan dated 9/26/19 recorded facility RN (registered nurse), LPN (Licensed practical nurse) or CMA (certified medication aide) to administer all medications and treatments. Observation on 11/18/19 at 3:15pm in West hall medication cart, open bottle of Lorazepam Intensol (narcotic for anxiety) liquid 2mg/ml (milligrams per milliliter) fill date: 5/11/19. Narcotic record for the medication recorded 30ml was received on 5/11/19. Instructions for administration: take 0.5ml orally or under the tongue every 3 hours as needed for anxiety, agitation or restlessness. Resident November medication administration record (MAR) lacked entry for the medication. Resident record (including Hospice record) lacked physician's order for the medication. Interview on 11/19/19 at 4:07pm with licensed nurse #B confirmed resident MAR lacked entry for the medication and record lacked physician's order for the medication. Physician's telephone order dated 11/13/19 recorded: Diflucan 150mg, one time dose for yeast infection. Observation on 11/19/19 at 3:30pm in West medication cart with certified staff #C revealed 3	S3200			

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S3200	Continued From page 8 cards of 1 tablet each Diflucan 150mg for resident. Label recorded 7 tablets were filled on 11/13/19. Resident November MAR recorded: Diflucan 150mg (fluconazole) by mouth in the evening for yeast infection. Documented as administered by staff 6 times from 11/13/19 through 11/18/19. Physician's order for 1- time dose, documented as administered 6 times, but 3 of 7 doses remain indicated it was administered 4 times. Medication not administered according to physician's orders. Interview on 11/19/19 at 4:07pm with licensed nurse #B confirmed medication not administered according to physician's order. For resident #118, 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			
S3215 SS=E	26-41-205 (h) Medication Storage (h) Storage. Licensed nurses and medication aides shall ensure that all medications and biologicals are securely and properly stored in accordance with each manufacturer ' s recommendations or those of the pharmacy provider and with federal and state laws and regulations. (1) Licensed nurses or medication aides shall store non-controlled medications and biologicals managed by the facility in a locked medication room, cabinet, or medication cart. Licensed nurses and medication aides shall store controlled medications managed by the facility in separately locked compartments within a locked	S3215			

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S3215	Continued From page 9 medication room, cabinet, or medication cart. Only licensed nurses and medication aides shall have access to the stored medications and biologicals. (2) Each resident managing and self-administering medication shall store medications in a place that is accessible only to the resident, licensed nurses, and medication aides. (3) Any resident who self-administers medication and is unable to provide proper storage as recommended by the manufacturer or pharmacy provider may request that the medication be stored by the facility. (4) A licensed nurse or medication aide shall not administer medication beyond the manufacturer ' s or pharmacy provider ' s recommended date of expiration. This REQUIREMENT is not met as evidenced by: K.A.R 26-41-205(h) The facility reported a census of 26 residents. The sample included 3 residents and one non-sampled resident. Based on observation, record review and interview for 1 sampled resident (#118) and one non-sampled resident (#123) the operator failed to ensure that licensed nurses or medication aides stored all medications and biologicals securely and properly in accordance with each manufacturer's recommendations or those of the pharmacy provider and with federal and state laws and regulations. Findings included:	S3215			

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S3215	Continued From page 10 - Record review for resident #118 recorded admission date of 5/7/07 with diagnoses of Alzheimer's, hyperlipidemia, osteoporosis, glaucoma, atrial fibrillation, atherosclerosis and hypertension. Functional Capacity Screen dated 9/18/19 recorded resident unable to perform management of medications and treatments. Negotiated Service Agreement/ Health Care Service Plan dated 9/26/19 recorded facility RN (registered nurse), LPN (Licensed practical nurse) or CMA (certified medication aide) to administer all medications and treatments. Observation on 11/18/19 at 3:15pm in West hall medication cart, open bottle of Lorazepam Intensol (narcotic for anxiety) liquid 2mg/ml (milligrams per milliliter) fill date: 5/11/19. Manufacturers recommendations according to www. PDR. com "Store between 36 degrees to 46 degrees" Medication was stored at room temperature (approximately 70 degrees) not at recommended storage temperature. Interview on 11/18/19 at 4:30pm with licensed nurse #B confirmed medication was not stored in the refrigerator as recommended. Observation on 11/18/19 at 2:37pm in the locked medication room, in the unlocked medication refrigerator, a bottle of Ativan Intensol liquid 2mg/ml, 21 ml bottle for non-sampled resident #123.	S3215			

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S3215	Continued From page 11 Controlled drug record for the medication recorded doses administered to the resident on 10/0/19 and 11/15/19. The narcotic medication was not double locked as required by federal regulations for medication storage. Interview on 11/18/19 at 4:30pm with licensed nurse #B confirmed the narcotic medication was not double locked as required. For residents #118 and 123 the operator failed to ensure that licensed nurses or medication aides stored all medications and biologicals securely and properly in accordance with each manufacturer's recommendations or those of the pharmacy provider and with federal and state laws and regulations	S3215			