

Kansas Department on Aging

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: N046082	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____	(X3) DATE SURVEY COMPLETED C 05/28/2019
NAME OF PROVIDER OR SUPPLIER THE HERITAGE OF OVERLAND PARK		STREET ADDRESS, CITY, STATE, ZIP CODE 10101 W 127TH ST OVERLAND PARK, KS 66213		
(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 a resurvey with complaint investigations 141096, 140790, 138790 at the above named residential health care facility conducted on 5-21-19, 5-22-19, 5-23-19 and 5-28-19.	S 000		
S3171 SS=E	26-41-204 (i) Health Care Services Standards of Practice (i) All health care services shall be provided to residents by qualified staff in accordance with acceptable standards of practice. This REQUIREMENT is not met as evidenced by: KAR 26-41-204(i) The facility reported a census of 42 residents. The sample included 3 residents. Based on record review and interview for Resident #316 and affecting all residential health care residents using the call light system, the operator failed to ensure all health care services, including answering call lights, were provided by qualified staff in accordance with acceptable standards of practice. Findings included: - Record review for Resident #316 revealed admission on 4-20-19 with diagnoses Subdural Hematoma, Encephalopathy, Hypertension, Atrial Fibrillation, Seizure Disorder, Orthostatic Hypotension, and Dysphasia. The Functional Capacity Screen dated 4-21-19 recorded resident unable to perform bathing,	S3171		

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

TITLE

(X6) DATE

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S3171	Continued From page 1 management of medications and treatments; required physical assistance with dressing, toileting, transfers, walking/mobility and eating. Incontinent of bladder. Cognition: problems with short term and long term memory, memory/recall and decision-making. Current problems/risk: falls/unsteadiness, impaired vision and impaired decision-making. The Negotiated Service Agreement dated 4-20-19 recorded services for 2 person assistance with bathing, dressing, toileting, transfers, extensive staff assistance with medication management and administration, and intermittent physical assistance with eating a mechanically altered diet. Resident to have one on one extensive detailed and repetitive interventions for behaviors. Outside home health agency to provide staff for 1:1 care for safety (related to falls). - Review of Call Light response report for Resident #316 from 4-20-19 to 5-22-19 revealed 119 "incidents" (call light or wanderguard activations) with the following response times: 6 to 10 minutes: 15 11 to 15 minutes: 11 16 to 20 minutes: 2 21 to 30 minutes: 8 over 30 minutes: 2 over 40 minutes: 1 Response time of 331 minutes, 56 seconds: 1 On 4-28-19 and 4-29-19, the wanderguard system showed a response time of 1040 minutes 3 seconds. - Interview on 5-23-19 with Administrative Staff A confirmed the call light response times on the report provided by the facility. Further confirmed the facility lacked a policy and system for monitoring of the response times. Stated at times	S3171		

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S3171	Continued From page 2 staff members may not correctly clear the resident's pendant. Stated the extended response times of 331 minutes and 1040 minutes were a rare malfunction of the system. The operator failed to ensure that all health care services for residents in need of assistance was provided by qualified staff in accordance with acceptable standards of practice.	S3171		
S3200 SS=E	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 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: K.A.R. 26-41-205(d) The facility reported a census of 42 residents. The sample included 3 residents. Based on	S3200		

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S3200	Continued From page 3 record review and interview for 2 (#316, #417) of 3 sampled residents, the operator failed to ensure that all medications and biologicals are administered in accordance with a medical care providers written order and professional standards of practice. Findings included: - Record review for Resident #316 revealed admission on 4-20-19 with diagnoses Subdural Hematoma, Encephalopathy, Hypertension, Atrial Fibrillation, Seizure Disorder, Orthostatic Hypotension, and Dysphasia. The Functional Capacity Screen dated 4-21-19 recorded resident unable to perform management of medications and treatments. "Resident requires extensive assistance/supervision with medication management and/or requires pills to be crushed. The Negotiated Service Agreement dated 4-20-19 recorded services for extensive staff assistance with medication management and administration, and intermittent physical assistance. Review of Medication Administration Record (MAR) for May 2019 revealed: Zyprexa 5 mg (milligrams) 1 tablet by mouth every 6 hours as needed for agitation. This medication administered by CMA (Certified Medication Aide) #C on 5-3-19 at 5:00 am for "increased agitation - not effective"; administered by CMA #D on 5-3-at 8:00 pm for "increased agitation - effective"; administered by CMA #E on 5-4-19 at 12:00 am; administered by CMA #C on 5-5-19 at 8:15 am. The MAR lacked documentation that medication	S3200		

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S3200	Continued From page 4 was administered following an assessment and instruction by a licensed nurse to administer. The record further lacked documentation of an assessment and follow up for effectiveness by a licensed nurse. Interview on 5-23-19 at 12:50 pm with Administrative Nurse B confirmed the above instances in which a certified medication aide administered a psychoactive PRN (as needed) medication which required a nursing assessment, the record lacked documentation it was given per instruction from a licensed nurse. - Record review for Resident #417 revealed admission on 1-10-19 with diagnosis of Frontal Lobe Dementia. The Functional Capacity Screen dated 1-10-19 recorded resident unable to perform management of medications and treatments. The Negotiated Service Agreement dated 1-10-19 recorded services for extensive staff assistance with medication management and administration. Review of Medication Administration Record (MAR) for April 2019 revealed: Lorazepam 1 mg (milligram) tablet, give 1 tablet by mouth every four hours as needed for agitation. This medication administered by CMA (certified medication aide) #E on 4-20-19. The MAR lacked documentation of time of administration, reason for administration; administered by CMA #F on 4-26-19 at 9:24 am for "complaint of anxiety high"; administered by CMA #G on 4-29-19 at 9:15 am for "agitation". The MAR lacked documentation that medication	S3200		

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S3200	Continued From page 5 was administered following an assessment and instruction by a licensed nurse to administer. The record further lacked documentation of an assessment and follow up for effectiveness by a licensed nurse. Interview on 5-23-19 at 2:56 pm with Administrative Nurse B stated on 4-29-19, CMA #G notified him/her that Resident #417 was feeling anxious and Administrative Nurse B instructed CMA #G to administer the Lorazepam. Stated he/she "can't speak for the other two days" the medication was administered. Confirmed the MAR lacked documentation that a licensed nurse instructed the CMAs to administer the Lorazepam and further the record lacked documentation of a follow up assessment by a licensed nurse. The facility lacked a policy which provided a procedure for administration of PRN medications by certified medication aides. For Residents #316 and #417, the operator failed to ensure all medications and biologicals were administered in accordance with professional standards of practice.	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	S3215		

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S3215	Continued From page 6 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 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: KAR 26-41-205(h) The facility reported a census of 42 residents. The sample included 3 residents. Based on observation and interview for all residents and staff requiring tuberculosis skin testing, the licensed nurses and medication aides failed to ensure all medications and biologicals are stored in accordance with each manufacturer's recommendations. Findings included:	S3215		

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S3215	Continued From page 7 - Observation of building #1 medication room on 5-21-19 at 1:08 pm with Administrative Nurse B revealed the following: small refrigerator with 1/2-full bottle of TB (tuberculosis) skin testing solution filled on 3-25-19 and dated as opened on 3-28-19. Interview on 5-21-19 at 1:15 pm with Administrative Nurse B stated he/she was unsure of when the solution was last used, confirmed the medication should have been destroyed after 30 days, and removed the vial. Manufacturer's recommendations states: "Vials in use more than 30 days should be discarded due to possible oxidation and degradation which may affect potency." For all residents and staff requiring TB skin testing, the licensed nurses and certified medication aides failed to ensure TB skin testing solution was stored in accordance with the manufacturer's recommendations by discarding after 30 days.	S3215		
S3216 SS=E	26-41-205 (i) Disposition of Medication (i) Accountability and disposition of medications. Licensed nurses and medication aides shall maintain records of the receipt and disposition of all medications managed by the facility in sufficient detail for an accurate reconciliation. (1) Records shall be maintained documenting the destruction of any deteriorated, outdated, or discontinued controlled medications and biologicals according to acceptable standards of practice by one of the following combinations: (A) Two licensed nurses; or (B) a licensed nurse and a licensed pharmacist.	S3216		

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S3216	Continued From page 8 (2) Records shall be maintained documenting the destruction of any deteriorated, outdated, or discontinued non-controlled medications and biologicals according to acceptable standards of practice by any of the following combinations: (A) Two licensed nurses; (B) a licensed nurse and a medication aide; (C) a licensed nurse and a licensed pharmacist; or (D) a medication aide and a licensed pharmacist. This REQUIREMENT is not met as evidenced by: KAR 26-41-205(i) The facility reported a census of 42 residents. The sample included 3 residents. Based on observation and interview for 7 (#500, #501, #502, #503, #504, #505, #506) non-sampled residents, the operator failed to ensure licensed nurses and medication aides shall maintain records of the receipt and disposition of all medication managed by the facility in sufficient detail for an accurate reconciliation. Findings included: - Observation of medication room on 5-21-19 at 1:08 pm accompanied by Administrative Staff A and Administrative Nurse B revealed the following: Upper cabinet with a bag of prescription and over the counter medications for Non-Sampled Resident #500 who died 2-10-19 included: Valsartan 80 mg (milligrams) filled 6-10-18 (hypertension) Low dose Aspirin 81 mg (pain, fever, blood	S3216		

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S3216	Continued From page 9 thinner) FiberCon (laxative) Vitamin D3 50 mcg (micrograms) (supplement) Iron 65 mg (supplement) Vitamin D3 125 mcg (supplement) Omeprazole 20 mg filled 7-8-18 (acid reducer) Tobramycin Solution 0.3 % filled 9-4-18 (antibiotic eye drop) Sertraline 50 mg filled 7-31-18 (antidepressant) Alendronate 70 mg filled 5-27-18 (osteoporosis) Cefuroxime Axetil 500 mg filled 8-9-18 (antibiotic) Vitamin D3 25 mcg (supplement) Vitamin B-12 1000 mcg (supplement) For Non-Sampled Resident #501 who passed away 4-30-19, the upper cabinet contained a bottle of Sterile Water filled 3-2-19 and Promethazine suppositories (12) (nausea/vomiting) were on the counter. The medication refrigerator contained the following medications for non-sampled residents who no longer resided at the facility: Non-sampled Resident #501, who passed away 4-30-19, acetaminophen 650 mg suppositories (pain/fever) filled 4-21-19, 12 suppositories. Non-sampled Resident #502 who passed away 1-14-19, acetaminophen 650 mg suppositories (pain/fever) filled 1-13-19, 12 suppositories. Non-sampled Resident #503 who passed away 3-20-19, Bicolax Suppository (laxative) filled 2-8-19, 10 suppositories. Non-sampled Resident #504, who moved out a year ago, Aspercreme Lidocaine Patches (pain relief) 3 boxes filled 2-8-18. Non-sampled Resident #505, who passed away 1-16-19, acetaminophen suppositories 650 mg filled 5-16-18, 9 suppositories. Interview on 5-21-19 at 1:15 pm with	S3216			

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S3216	Continued From page 10 Administrative Nurse B confirmed the above medications should have been disposed of and further confirmed the medications had been overlooked and had not been logged for destruction. Administrative Staff A provided the discharge dates. Facility policy for "Destruction of Expired or Unused Medications" stated: "It is the policy of (the facility) that nursing staff will dispose of all unused or expired medications in a safe and timely manner that also corresponds with all state or federal regulations or guidelines." The policy failed to define "timely manner" and to require that all medications for destruction be logged until destroyed. For Non-sampled Residents #500, #501, #502, #503, #504, #505, and #506, the operator failed to ensure licensed nurses and medication aides shall maintain records of the receipt and disposition of all medications managed by the facility in sufficient detail for an accurate reconciliation.	S3216		