

Kansas Department on Aging

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: B046056	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____	(X3) DATE SURVEY COMPLETED 04/11/2019
NAME OF PROVIDER OR SUPPLIER THE PRAIRIE ELDER HOMES		STREET ADDRESS, CITY, STATE, ZIP CODE 15354 QUIVIRA OVERLAND PARK, KS 66223		
(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 Licensure Resurvey at the above named Home Plus Facility in Overland Park, Kansas on 4/09/19, 4/10/19, and 4/11/19.	S 000		
S5028 SS=E	26-42-101 (f) (3) Staff Treatment of Residents Reporting (f) (3) Each allegation of abuse, neglect, or exploitation shall be reported to the administrator or operator of the home as soon as staff is aware of the allegation and to the department within 24 hours. The administrator or operator shall ensure that all of the following requirements are met: (A) An investigation shall be started when the administrator or operator, or the designee, receives notification of an alleged violation. (B) Immediate measures shall be taken to prevent further potential abuse, neglect, or exploitation while the investigation is in progress. (C) Each alleged violation shall be thoroughly investigated within five working days of the initial report. Results of the investigation shall be reported to the administrator or operator. (D) Appropriate corrective action shall be taken if the alleged violation is verified. (E) The department ' s complaint investigation report shall be completed and submitted to the department within five working days of the initial report. (F) A written record shall be maintained of each investigation of reported abuse, neglect, or exploitation. This REQUIREMENT is not met as evidenced by:	S5028		

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

TITLE

(X6) DATE

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S5028	Continued From page 1 KAR 26-42-101(f)(3)(C)(F) The census equalled nine the sample included three Residents. Based on review of records and interview, for one of three sampled (#189), the Operator failed to ensure a thorough investigation of all potential allegations of abuse and neglect to rule out abuse and neglect, failed to ensure allegations reported as required, and failed to maintain a written record of a thorough investigations as required. Findings included: - Review of record revealed #189 admitted to facility 9/25/18 with diagnoses of dementia, cervical disc degeneration, gastroesophageal reflux disease, history of seizures, and Parkinson's. Current functional capacity screen (FCS) of 9/25/18 assessed #189 in need of physical assistance with bathing, dressing, toileting, transfers, mobility; in need of supervision with eating, unable to perform medication and treatment management; incontinent of bladder, with short term memory, long term memory, memory recall, and decision making impairments; rarely understood and rarely understands for communication; with falls/unsteadiness, used a walker and a wheel chair. Current negotiated service agreement (NSA) of 9/25/18 documented facility staff to provide services to meet these identified needs - assistance with bathing, dressing, toileting, transfers, mobility, and medication/treatment management, supervision with eating, socialization, and activities.	S5028		

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S5028	Continued From page 2 Nursing Notes of medical record included: 12/13/18 - 0900 - slid from bed 0300... head on bed... bottom on floor... denied pain... range of motion intact... motion sensor placed in room... 01/18/19 - 1000 - alarm sensor sounding... slid from bed... face down on floor... stated "looking for a ride to Topeka"... 02/12/19 - 1915 - unwitnessed fall, non injury at 1840... assessed... new intervention legs up in recliner before assist other Residents... 3/06/19 - 8:30pm - observed on floor in living room... on left side at foot of recliner... recliner flipped over... 3/13/19 - 1730 - combative... attempt to transfer self, ended up on floor... bruise to back... 3/27/19 - 9:00pm - on floor in living room... attempting to transfer self... On 4/09/19 at 3:55pm requested investigation and reporting information on these incidents. Operator/RN (registered nurse) #J and Facility Nurse #A provided the documentation available. By review: 3/27/19 - no documentation available as an investigation to rule out abuse or neglect for this fall by a Resident who transferred self when assessed in need of physical assistance for transfers. 3/13/19 - 1730 - Fall Incident Report form and Incident - Occurrence Report - failed to demonstrate a thorough investigation completed to rule out abuse and neglect for a Resident assessed in need of physical assistance for	S5028		

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S5028	Continued From page 3 transfers discovered on the floor. 3/06/19 - 8:30pm - Fall Incident Report form incomplete and failed to demonstrate a thorough investigation completed to rule out abuse and neglect for a Resident assessed in need of physical assistance for transfers discovered on the floor next to a tipped over recliner 02/12/19 - Incident Report and Fall Incident Report failed to demonstrate a thorough investigation of an unwitnessed fall completed to rule out abuse or neglect for a Resident assessed in need of physical assistance for transfers discovered on the floor in absence of staff while caring for another Resident 01/18/19 - Incident Report failed to demonstrate a thorough investigation of Resident face down on floor when assessed to be in need of physical assistance with all personal cares and transfers 12/13/18 - no documentation available as an investigation to rule out abuse or neglect for this fall by a Resident who transferred self when assessed in need of physical assistance for transfers. On 4/10/19 at 11:00am Facility Nurse #A confirmed the available documentation not complete as a thorough investigation... not aware if any of these reported. (According to Department, these items not reported as potential allegations to be investigated). Facility Nurse #A provided the facility policy and procedures for "Resident Falls" and for "Abuse, Neglect, and Exploitation (ANE)." In review the Resident Falls page directed staff response and tasks to complete upon finding a Resident who	S5028		

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S5028	Continued From page 4 has fallen, but lacked any directions related to investigation steps to be initiated or completed. The ANE policy and procedure documented 6. "Director/designee will immediately begin investigation of the allegation... information obtained during the investigation will be documented in writing 7. "If findings of the investigation do substantiate abuse, neglect or exploitation, Department will be notified and the investigation findings will be sent to them for review." The Operator failed to ensure a thorough investigation of all potential allegations of abuse and neglect to rule out abuse and neglect, failed to ensure allegations reported as required, and failed to maintain a written record of the investigations as required.	S5028		
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 5 This REQUIREMENT is not met as evidenced by: 26-42-104(d)(4) The census equalled nine the sample included three Residents. The facility identified 54 new employees hired since the last Resurvey. Based on interview and review of record, for all Residents, staff, family members, and visitors, the Operator failed to ensure disaster and emergency preparedness by conducting an emergency drill at least annually with staff and residents. This drill shall include evacuation of the residents to a secure location. Findings included: - On 4/09/19 at 4:50pm reviewed emergency preparedness documentation with Operator/RN (registered nurse) #J and Facility Nurse #A. Documentation revealed two emergency evacuation drills conducted since the last Resurvey, one on 3/08/17 and the next on 8/28/18. This time period failed to demonstrate an "annual" practice as required. On 4/09/19 at 4:50pm Operator/RN confirmed although these drills required annually, facility conducted drills with nearly 18 months between them. For 9 of 9 Residents, for all employees, family members, and visitors, the Operator failed to conduct emergency drills to include a full evacuation at least annually.	S5215		
S5300 SS=D	26-42-205 (d) (1-2) Facility Administration of Medications	S5300		

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S5300	Continued From page 6 (d) Home administration of resident ' s medications. If a home 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 home has responsibility. (2) Medication aides shall not administer medication through the parenteral route. This REQUIREMENT is not met as evidenced by: KAR 26-42-205(d) The census equalled nine the sample included three Residents. The Resident roster identified all Residents receiving medication management. Based on interview and reviews of records for one of three sampled (#185), the Operator failed to ensure all medications and biologicals administered in accordance with a medical care provider's written order and professional standards of practice. Findings include: - Review of record revealed #185 admitted 4/01/19 with diagnoses of dementia, diabetes, hypertension, insomnia, osteoarthritis, and depression.	S5300		

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S5300	Continued From page 7 The current functional capacity screen (FCS) of 4/01/19 assessed #185 unable to perform medication and treatment management. The current negotiated service agreement (NSA) of 3/28/19 documented #185 to receive medication and treatment management by facility staff. The current April 2019 MAR (medication administration record) documented staff administration of medications. The April 2019 MAR contained the following medication orders: Acetaminophen (analgesic) 325mg (milligrams) 2 tabs by mouth every 4 hours as needed for fever and pain. Ativan (anti-anxiety) solution 2mg/ml (milliliter) 0.25ml sublingual (under tongue) every 4 hours as needed for seizures Bisacodyl suppository (laxative) insert one rectally as needed for constipation Loperamide (anti diarrheal) 2mg one tab by mouth every 8 hours as needed for diarrhea Morphine sulfate (narcotic for pain) 100mg/5ml give 0.25ml by mouth every hour as needed for pain or shortness of air Vitamin A & D Ointment apply to bilateral lower extremities topically every 12 hours as needed for dry skin Depakote sprinkles (seizure) 125mg two tabs by mouth twice a day for seizures Lorazepam (anti-anxiety) 2mg/ml give 0.25ml sublingual once daily for anxiety Melatonin (sleep) 5mg one tab by mouth at bedtime for insomnia Miralax (laxative) give 17 grams by mouth on Monday and Thursday for constipation Tylenol (analgesic) 500mg on tab by mouth two times a day for pain	S5300		

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S5300	Continued From page 8 By review of medical record, signed physician orders located for Ativan solution every 4 hours as needed, Morphine sulfate every hour as needed, and Lorazepam daily. Signed physician's orders not included for all the remaining medications. Medical record included a 4/01/19 telephone order for "admit to facility... diagnosis Alzheimer's, code status DNR (do not resuscitate)... diet Regular - finger foods, and may participate in programs/activities of choice" and an order for annual flu vaccine and 2-step tuberculosis testing." These orders lacked medication directives, and were signed by the physician on 4/08/19. Medical record included "Physicians Assessment and Orders" that documented "see med list" but lacked a date and lacked a physician's signature. Medical record included a list of the medications listed above, dated 4/01/19, but this list also lacked a physician's signature. On 4/09/19 at 4:40pm Facility Nurse #A confirmed no physician signed orders available for the medications being administered according to the MAR... stated #185 came in on short notice... I used the "medication release/receipt form" from the prior facility (list of medications sent with family from prior placement but no directions on how to take), and the prescription labels from the containers to initially make the MAR... I also compared the list with orders provided by #185's hospice... these orders signed 01/15/19. The Operator failed to ensure all medications and biologicals administered to #185 in accordance with written medical care provider orders, and in accordance with professional standards of	S5300		

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S5300	Continued From page 9 practice.	S5300		