

Kansas Department on Aging

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: N046035	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____	(X3) DATE SURVEY COMPLETED R 04/18/2019
NAME OF PROVIDER OR SUPPLIER AVONLEA COTTAGE OF OLATHE		STREET ADDRESS, CITY, STATE, ZIP CODE 625 LINCOLN AVENUE OLATHE, KS 66061		
(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 Revisit and Notice of Assessment 19-30 at the above named Assisted Living Facility in Olathe, Kansas on 4/17/19 and 4/18/19. Revised 2567 sent to facility 5/3/19	{S 000}		
S3028 SS=D	26-41-101 (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 facility 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.	S3028		

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

TITLE

(X6) DATE

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S3028	Continued From page 1 This REQUIREMENT is not met as evidenced by: KAR 26-41-101(f)(3)(A)(B)(C)(D)(E)(F) The census equalled 30 the sample included three Residents. Based on observation, interviews and reviews of records, for one of three sampled (#2073), the Operator failed to ensure allegations of potential abuse, neglect and exploitation were reported to the Department within 24 hours, thoroughly investigated to rule out abuse or neglect and written records of a thorough investigation maintained. Findings Included: - Review of record revealed #2073 admitted to facility 01/18/17 with diagnoses of macular degeneration, dementia, seizure disorder, pain, hypothyroid, anemia, depression, chronic diarrhea, atrial fibrillation, asthenia, pacemaker, chronic obstructive pulmonary disease, gastrointestinal hemorrhage, and acute myocardial infarction. Current functional capacity screen (FCS) dated 4/01/19 assessed #2073 in need of physical assistance with bathing, dressing, toileting, transfers; in need of supervision with eating, unable to perform medication and treatment management; with occasional bladder incontinence, with short term memory, decision making and memory recall impairments; with falls/unsteadiness, vision impairments, used a wheelchair. Current NSA and Resident Care Plan (HSP) dated 4/01/19 included meal service of cutting up food and describing location of items due to poor vision, medication management, assistance with	S3028			

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S3028	Continued From page 2 bathing, dressing, toileting, transfers, house keeping, laundry, trash removal; and keep call light in reach when #2073 is in bed and encourage him/her to use it for assistance. Medical record progress notes recorded a fall #2073 experienced on 4/09/19 - 0800 - received phone call from certified staff reported he/she went into #2073's room and noted #2073 with right eye swollen and bruised... #2073 reported "got up out of bed and fell but got self up... staff applied ice to right eye... right eye with dark purple bruising and swelling... Resident states it hurts... takes scheduled pain medication... moved night stand away from bed... called Hospice staff to assess... Medical record contained an incomplete "Post Fall Documentation" form (event occurred at 3:30am). Medical record contained a "Post Fall Intervention Checklist", with portions that conflicted with the progress notes and the Post Fall Documentation (pathway well lighted vs no lights on in room; call light activated vs Resident doesn't remember to use call light for assistance). Facility nurse #D provided an Incident Report, that recorded time, date, location, general event, first aide and notifications. These documents failed to record a thorough investigation completed to rule out abuse and neglect for this cognitively impaired Resident in need of physical assistance with all transfers and personal cares. On 4/17/19 at 4:54pm facility nurse #D stated NSA indicates use call light and needs assistance... he/she forgets he/she can't do it by self... wants to be independent... forgets to call us	S3028		

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S3028	Continued From page 3 although needs help... confirmed no other "investigation" completed to rule out abuse or neglect... no report to the department for this unwitnessed fall with injury to Residents face For Resident #2073, the Operator failed to investigate and report potential allegations of abuse or neglect related to an unwitnessed fall with injury by a cognitively impaired Resident, assessed as requiring physical assistance with activities of daily living.	S3028		
{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)	{S3085}		

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{S3085}	Continued From page 4 The census equalled 30 the sample included three Residents. Based on interviews, and reviews of records, for two of three sampled (#2050, and #2073), the Operator failed to ensure the negotiated service agreement (NSA) included a description of service the Resident would receive. Findings included: - Review of record revealed #2050 admitted to facility 4/08/19 with diagnoses of major depression, history of falls, edema of lower extremities, pulmonary embolus, diabetes, coronary artery disease, pulmonary nodule, seizure disorder, diverticulosis, gout, tremors, ulcers, and sleep apnea. Current functional capacity screen dated 4/03/19 assessed #2050 unable to perform medication and treatment management, with short term memory, memory recall, and decision making impairments; with falls/unsteadiness, vision impairment, and used a cane. Physician orders of 4/08/19 included: PT/OT (physical therapy/occupational therapy) to evaluate and treat; Tresiba (insulin) administration daily. Physician's order of 4/10/19 for glucometer (blood sugar testing) twice daily, fasting in the morning and at bedtime. In review the NSA and the Resident Care Plan (HSP) of 4/08/19 lacked a description of services for: The ordered therapies (OT and PT) Who to provide therapy services Payment source for these outside provider services	{S3085}		

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{S3085}	Continued From page 5 Administration of the insulin to include who would order, store, prime insulin pen, attach needle to pen, and dial the dosage of the insulin pen. Glucometer testing to include who would perform the testing and log the results. The April 2019 MAR (medication administration record) contained the orders for Tresiba (insulin pen) daily and for glucometer testing twice daily. For each order, the MAR contained hand written note "does own" (crossed out) and additional hand written notes "help" on each order. On 4/17/19 at 4:37pm facility nurse #D confirmed current physician orders for PT, OT, daily Tresiba injections, and twice daily glucometer testing... confirmed these items not on the NSA or the HSP... stated when #2050 came into the facility was going to administer own medications... then determined we would do medications and treatments... I know PT has been in the building and they do talk to me but nothing in the NSA or HSP... The Operator failed to ensure the NSA for #2050 included a description of services to address therapies, blood sugar testing, and how the daily insulin injections to be provided. - Review of record revealed #2073 admitted to facility 01/18/17 with diagnoses of macular degeneration, dementia, seizure disorder, pain, hypothyroid, anemia, depression, chronic diarrhea, atrial fibrillation, asthenia, pacemaker, chronic obstructive pulmonary disease, gastrointestinal hemorrhage, and acute myocardial infarction. Current functional capacity screen (FCS) dated	{S3085}		

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{S3085}	Continued From page 6 4/01/19 assessed #2073 in need of physical assistance with bathing, dressing, toileting, transfers; in need of supervision with eating, unable to perform medication and treatment management; with occasional bladder incontinence, with short term memory, decision making and memory recall impairments; with falls/unsteadiness, vision impairments, used a wheelchair. Current NSA and Resident Care Plan (HSP) dated 4/01/19 included meal service of cutting up food and describing location of items due to poor vision, medication management, assistance with bathing, dressing, toileting, transfers, house keeping, laundry, trash removal; and keep call light in reach when #2073 is in bed and encourage him/her to use it for assistance. Medical record progress notes recorded a fall #2073 experienced on 4/09/19 - 0800 - received phone call from certified staff reported he/she went into #2073's room and noted #2073 with right eye swollen and bruised... #2073 reported "got up out of bed and fell but got self up... staff applied ice to right eye... right eye with dark purple bruising and swelling... Resident states it hurts... takes scheduled pain medication... moved night stand away from bed... called Hospice staff to assess... The NSA contained an additional note dated 4/09/19 - fall with bruising... nightstand moved away from bed... encourage to call for assistance. The NSA lacked a description of services to address fall prevention for a Resident assessed with cognition and memory impairments and assessed in need of assistance with all transfers and personal care.	{S3085}		

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{S3085}	Continued From page 7 On 4/17/19 at 4:54pm facility nurse #D stated NSA indicates use call light and needs assistance... he/she forgets he/she can't do it by self... wants to be independent... forgets to call us although needs help... confirmed the NSA lacked any further interventions to address cognitive inability to remember to always call for needed assistance... The Operator failed to ensure the NSA for #2073 included a description of services for a cognitively impaired Resident in need of physical assistance who forgets to request assistance to prevent further falls.	{S3085}		
{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 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.	{S3200}		

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{S3200}	Continued From page 8 This REQUIREMENT is not met as evidenced by: KAR 26-41-205(d) The census equalled 30 the sample included three Residents. The Resident roster identified 30 Residents with facility managed medications. Based on interview and record review, for one of three sampled (#2050), the Operator failed to ensure all medications and biological's administered to Residents in accordance with a medical care provider's written orders and in accordance with professional standards of practice. Findings included: - Review of record revealed #2050 admitted to facility 4/08/19 with diagnoses of major depression, history of falls, edema of lower extremities, pulmonary embolus, diabetes, coronary artery disease, pulmonary nodule, seizure disorder, diverticulosis, gout, tremors, ulcers, and sleep apnea. Current functional capacity screen dated 4/03/19 assessed #2050 unable to perform medication and treatment management. Current negotiated service agreement (NSA) and Resident Care Plan (HSP) dated 4/08/19 documented facility staff to provide medication and treatment management. Comparison of April 2019 medication administration record (MAR) with signed physician orders revealed discrepancies: On 4/17/19 at 3:45pm, with certified medication aide #K, reviewed medication cart and all	{S3200}			

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{S3200}	Continued From page 9 available medications in comparison with April 2019 MAR, for #2050. Review revealed a bottle of Aspirin 81mg (milligrams) with 12 tablets remaining. The MAR lacked an order for this medication. Review revealed some ordered medications not available in cart or facility: Promethazine (anti nausea) 25mg one tablet PO (by mouth) every 4 hours PRN (as needed) Sumatriptan 100mg one tablet PO daily PRN for migraine headache Tramadol (narcotic like pain medication) two tablets ever 6 hours PO PRN Allopurinol (gout) 300mg one tablet PO every day Amlodipine (blood pressure) 10mg one tablet PO every day Butalbital/acetaminophen/caffeine 50mg/300mg/40mg one capsule every 4 hours PO PRN Metoclopramide (slow stomach emptying) 10mg one tablet three times daily Metoprolol (blood pressure) 100mg one tablet PO twice daily Review of the April 2019 MAR revealed discrepancies with physician's written orders: Odansetron (anti nausea) 4mg PRN; this medication order not included on the MAR, and no order located to discontinue the medication. Physician's order of 4/09/19 "Omeprazole 40mg one capsule PO twice daily." MAR contained this written order, but recorded one administration daily at 8:00am from 4/10/19 to 4/17/19. The medical record lacked documentation this order changed from twice daily to daily. MAR documentation failed to demonstrate facility	{S3200}		

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{S3200}	Continued From page 10 staff confirmed written order, the bottle label, and the dose or doses administered/documented all matched, in accordance with professional standards of practice. Physician's order of 4/09/19 "Advair Diskus (bronchodilator) one puff PO once daily." MAR contained this written order, but recorded two administrations daily at 8:00am and 5:00pm from 4/10/19 to 4/17/19. The medical record lacked documentation this order changed from daily to twice daily. This medication not located in the medication cart at time of review with certified staff #K... #K stated #2050 keeps that in room and self administers that inhaler... confirmed staff documented twice daily administration that staff did not complete or oversee. MAR documentation failed to demonstrate facility staff confirmed written order, the label, and the dose or doses administered accurate in accordance with professional standards of practice. The April 2019 MAR dates of 4/08/19 (day of admission) and 4/09/19 lacked documentation of reason no medications administered in accordance with physician's orders, all remained blank for 4/08/19 and 4/09/19. In accordance with professional standards of practice, the MAR would include documentation of the reason these orders not followed. On 4/17/19 at 4:00pm certified staff #K and facility nurse #D confirmed no way to determine if medications missing at this time ever administered... unable to provide documentation these medications ever in facility between 4/08/19 and 4/17/19.	{S3200}			

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{S3200}	Continued From page 11 On 4/17/19 at 4:37pm facility nurse #D confirmed the MAR lacked appropriate documentation... stated when #2050 admitted, he/she had some seven day pill boxes with some medications... other medications had to be brought in the next day by a friend... and we ordered medications from the pharmacy... #D stated #2050 was giving own medications first day... then I watched him/her as he/she put those pills from pill boxes back into the bottles we had and staff took over administering medications... some bottles he/she brought were empty but I have no documentation of which ones. Facility staff provided two fax requests to pharmacy for medication: No date - fax request for Allopurinol, Metoclopramide, Metoprolol 4/10/19 - fax request for Cetirizine, Fenofibrate, and Divalproex Facility staff provided two delivery invoices for #2050's medications: 4/09/19 - Colestipol, Furosemide, Gabapentin, and Levothyroxin 4/12/19 - Tresiba, Sharps container A delivery of four of the missing medications arrived 4/17/19 at 5:00pm: Allopurinol, Metoclopramide, and Metoprolol. Remaining ordered medications still not in facility: Promethazine, Sumatriptan, Tramadol, Amlodipine, and Butalbital/acetaminophen/caffeine 50mg/300mg/40mg. The Operator failed to ensure all medications and biological's administered to #2050 in accordance with medical care provider's written orders and in	{S3200}		

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{S3200}	Continued From page 12 accordance with professional standards of practice.	{S3200}		
S3216 SS=D	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. (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 census equalled 30 the sample included three Residents. The Resident roster identified 30 Residents with facility managed medications. Based on observation, interviews and reviews of	S3216		

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S3216	Continued From page 13 records, for one of three sampled (#2050), and all Residents with medication management, the Licensed nurses and Medication aides failed to maintain records of receipt and disposition of medications in sufficient detail for an accurate reconciliation according to acceptable standards of practice. Findings included: - Observations, interviews, and reviews of records on 4/17/19 revealed an inability to determine how many doses of medication arrived in facility, and how many doses of medication actually administered by facility staff in accordance with physician's written orders. - Review of record revealed #2050 admitted to facility 4/08/19 with diagnoses of major depression, history of falls, edema of lower extremities, pulmonary embolus, diabetes, coronary artery disease, pulmonary nodule, seizure disorder, diverticulosis, gout, tremors, ulcers, and sleep apnea. Current functional capacity screen dated 4/03/19 assessed #2050 unable to perform medication and treatment management. Current negotiated service agreement (NSA) and Resident Care Plan (HSP) dated 4/08/19 documented facility staff to provide medication and treatment management. On 4/17/19 at 3:45pm, with certified medication aide #K, comparison of April 2019 MAR (medication administration record) with signed physician orders and contents of medication cart and room revealed discrepancies:	S3216			

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NAME OF PROVIDER OR SUPPLIER AVONLEA COTTAGE OF OLATHE			STREET ADDRESS, CITY, STATE, ZIP CODE 625 LINCOLN AVENUE OLATHE, KS 66061		
(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
S3216	Continued From page 14 Physician order of 4/08/19 included Odansetron (anti nausea) 4mg PRN; this medication order not included on the MAR, no order located to discontinue, and the medication not in the medication cart. No documentation available to determine if a supply ever brought to facility. Cart contained a bottle of Aspirin 81mg (milligrams) for #2050 with 12 tablets remaining. The MAR lacked an order for this medication. No documentation available to determine how many tablets arrived at facility, and if this medication being administered without a physician's order. The following ordered medications not available in cart or facility: Promethazine (anti nausea) 25mg one tablet PO (by mouth) every 4 hours PRN (as needed) Sumatriptan 100mg one tablet PO daily PRN for migraine headache Tramadol (narcotic like pain medication) two tablets ever 6 hours PO PRN Allopurinol (gout) 300mg one tablet PO every day Amlodipine (blood pressure) 10mg one tablet PO every day Butalbital/acetaminophen/caffeine 50mg/300mg/40mg one capsule every 4 hours PO PRN Metoclopramide (slow stomach emptying) 10mg one tablet three times daily Metoprolol (blood pressure) 100mg one tablet PO twice daily No documentation available to determine if any of these brought in to facility, and if so, when or how many. April 2019 MAR revealed administration discrepancies with physician's written orders:	S3216			

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S3216	Continued From page 15 Physician's order of 4/09/19 "Omeprazole 40mg one capsule PO twice daily." MAR recorded one administration daily at 8:00am from 4/10/19 to 4/17/19. The medical record lacked documentation this order changed from twice daily to daily. No documentation available to determined how many doses of medication brought into facility, if so, when or how many, and if the remaining doses supported the correct administration of the medication. On 4/17/19 at 11:00am at medication cart in dining room, facility nurse #D stated I do not have any record of how many pills or what was brought into facility by #2050 or his/her friend the next day... I didn't know I was to be doing that... no counting or logs that I know of... On 4/17/19 at 4:37pm facility nurse #D stated when #2050 admitted, he/she had some seven day pill boxes with some medications... other medications had to be brought in the next day by a friend... and we ordered medications from the pharmacy... #2050 gave own medications first day... I watched him/her as he/she put those pills from pill boxes back into the bottles we had and staff took over administering medications... some bottles he/she brought were empty but I have no documentation of which ones. Facility staff provided two fax requests to pharmacy for medication: No date - fax request for Allopurinol, Metoclopramide, Metoprolol 4/10/19 - fax request for Cetirizine, Fenofibrate, and Divalproex Facility staff provided two delivery invoices for	S3216		

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S3216	Continued From page 16 #2050's medications: 4/09/19 - Colestipol, Furosemide, Gabapentin, and Levothyroxin 4/12/19 - Tresiba, Sharps container A delivery of four of the missing medications arrived 4/17/19 at 5:00pm: Allopurinol, Metoclopramide, and Metoprolol. Remaining ordered medications still not in facility: Promethazine, Sumatriptan, Tramadol, Amlodipine, and Butalbital/acetaminophen/caffeine 50mg/300mg/40mg. Licensed nurses and medication aides failed to maintain records of receipt and disposition of medications for #2050, and for all Residents with facility managed medications, in sufficient detail for an accurate reconciliation.	S3216			