

Kansas Department on Aging

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: B046045	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____	(X3) DATE SURVEY COMPLETED 01/14/2019
NAME OF PROVIDER OR SUPPLIER SENIORCARE HOMES NANTUCKET HOUSE		STREET ADDRESS, CITY, STATE, ZIP CODE 15100 ENGLAND STREET OVERLAND PARK, KS 66221		
(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 01/10/19 and 01/14/19. Revised 2567 sent to facility 1/28/2019	S 000		
S5126 SS=D	26-42-202 (h) NSA Signatures (h) Each individual involved in the development of the negotiated service agreement shall sign the agreement. The administrator or operator shall ensure that a copy of the initial agreement and any subsequent revisions are provided to the resident or the resident's legal representative. This REQUIREMENT is not met as evidenced by: KAR 26-42-202(h) The census equalled seven with one adult day care attendee. The sample included three Residents. Based on interview, and reviews of records, for one of three sampled (#187), the Operator failed to ensure that each individual involved in the development of the negotiated service agreement (NSA) signed the agreement. Findings included: - Review of record revealed #187 admitted 02/15/17 with diagnoses of dementia, Parkinson's, glaucoma, depression, hypothyroidism, osteoporosis, anemia, and diverticulitis. Functional capacity screen dated 01/23/18 assessed #187 in need of physical assistance with bathing, dressing, toileting, transfers,	S5126		

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

TITLE

(X6) DATE

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S5126	Continued From page 1 mobility, and eating; unable to perform medication and treatment management; with bladder incontinence; with short term memory, memory recall, decision making and communication impairments; with falls/unsteadiness, vision impairment, used a walker and a wheelchair, and oxygen at night. The 01/23/18 NSA documented facility staff to provide services to meet these identified needs. The NSA signed by a family member, Operator, Nurse Clinical Director #E, and facility nurse #B. The 11/19/18 Care Plan documented specific care interventions for the agreed upon services. The Care Plan signed by facility nurse #F and multiple certified staff signatures. In review, the 01/23/18 NSA contained additional hand-written notes. These additions lacked the signature or acknowledgement of the Resident or their representative in the following examples: 02/20/18 - use plate guard at meals 8/09/18 - staff to feed Resident now See schedule A PT/OT (physical therapy/occupational therapy) 2017 See schedule B PT/OT 2018 See schedule C PT/OT 2018 A page titled "Schedule B to Care Plan and NSA for #187" with the NSA. This document stated "Resident will receive PT/OT services; Provided by (company name); Phone, fax; Billed to Medicare; PT to start 02/06/18 discharge on 3/23/18; OT to start on 02/03/18 (Sat) discharge on 3/13/18." This document signed and dated by facility nurse #F on 3/23/18, with no signature or acknowledgement by Resident or the Resident's representative.	S5126		

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S5126	Continued From page 2 On 01/10/19 at 4:00pm Nurse Clinical Director #E and facility nurse #B confirmed the addendums to the NSA not acknowledged, signed, or dated by the Resident or their family member. The Operator failed to ensure that each individual involved in the development of the NSA/HSP for #187 signed the agreement.	S5126		
S5313 SS=E	26-42-205 (g) (3) Over the counter medication (g) (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 26-42-205(g)(3) The census equalled seven with one adult day care attendee. The sample included three Residents with all Residents identified as receiving medication management. Based on observation and interview, for one of three sampled (#185) and two non-sampled (#170 and #172), the Operator failed to ensure a Licensed Pharmacist or Licensed Nurse placed the full	S5313		

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S5313	Continued From page 3 name of the Resident on each over the counter (OTC) package of medication. Findings included: - Observation of medication storage drawers and corner cabinets on 01/10/18 at 10:30am revealed a variety of OTC medications and biologicals that lacked the first and last name of each Resident. Certified Medication Aide (CMA) #C confirmed the following packages of over the counter medications and biologicals lacked the first and last name of the Resident the package belonged to: #170 Bottle of Glucosamine and chondroitin (joint supplement) tablets, without first and last names Bottle "Anti-diarrheal" tablets, without first and last names Bottle of Tylenol (analgesic) tablets 500mg (milligrams), without first or last name #185 Bottle of Miralax (laxative) powder, without first and last names Bottle of Tylenol (analgesic) tablets, first name only on bottle #172 Two Bottles of Glutathione supplement, with first name only Bottle of Multi-Probiotic capsules, with three letter nickname Bottle of Amino blend supplement, with three letter nickname Two bottles of Ultra Preventative supplements, with nothing on one bottle, and with three letter nickname on other bottle Container of protein powder with first initial, last	S5313		

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S5313	Continued From page 4 name Bottle of Vitamin D capsules, with three letter nickname On 01/10/19 at 10:30am CMA #C confirmed the packages did lack the first and last name of each Resident... stated the families bring them in and we put them in the drawers... For all Residents with medication management, the Operator failed to ensure that a Licensed Pharmacist or Licensed Nurse labeled the OTC medications and biologicals with Resident's first and last name.	S5313		