

Kansas Department on Aging

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: N046065	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____	(X3) DATE SURVEY COMPLETED 02/18/2019
NAME OF PROVIDER OR SUPPLIER LEAWOOD GARDENS ASSISTED LIVING		STREET ADDRESS, CITY, STATE, ZIP CODE 5201 W 143RD STREET LEAWOOD, KS 66224		
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S 000	INITIAL COMMENTS The following citations are a result of a survey for re-licensure with attached complaints, conducted on 2/12/19, 2/13/19, 2/14/19 and 2/18/19 at the above named assisted living/ residential care facility in Leawood, Ks.	S 000		
S3085 SS=D	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) The facility census equaled 32 the sample included 3 residents, 1 focus review resident and 3 closed review residents. Based on record review and interview for 1 resident (#212) the administrator failed to ensure the Negotiated Service Agreement (NSA) completed for	S3085		

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

TITLE

(X6) DATE

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S3085	Continued From page 1 residents who required health care services, is done in collaboration with the resident or the resident's legal representative and contained a description of the services the resident will receive, identify the provider of each service and identify each party responsible for payment if outside resources provide a service. Findings included: - Record review for resident #212 recorded admission date of 4/1/16 with diagnoses of: osteoporosis, anxiety, arthritis, back pain, chronic kidney disease stage 3, hypertension, hypothyroidism and dementia. Functional Capacity Screen (FCS) dated 3/26/18 recorded resident required physical assistance with bathing, dressing, toileting, transfer, walk/mobility eating, and management of medications and treatments. Negotiated Service Agreement/health care service plan (NSA/HCSP) dated 3/26/18 recorded staff to provide physical assistance with bathing, dressing, toileting, transfer, walk/mobility eating, and management of medications and treatments. Resident care notes (nurses notes) dated 1/21/19 at 2:30pm recorded: New order for PT/OT (physical therapy/occupational therapy) for wheelchair training. Record contained PT notes from 1/23/19 to 2/8/19. Record contained occupational therapy note dated 4/23/18: "Patient seen for caregiver training for toileting." Interview on 2/13/19 at 4:00pm with	S3085		

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S3085	Continued From page 2 administrative nurse #B confirmed resident received outside services for PT/OT and resident received outside companion services 7 days a week in the evenings for approximately 3 hours each day. He/she confirmed the NSA lacked entries for these outside services. NSA lacked an addendum for services by outside providers including the name of the providers, services provided and party responsible for payment of the services. For resident #212 the administrator failed to ensure the NSA completed for residents who required health care services, is done in collaboration with the resident or the resident's legal representative and contained a description of the services the resident will receive, identify the provider of each service and identify each party responsible for payment if outside resources provide a service.	S3085		
S3155 SS=D	26-41-204 (a) Health Care Services . (a) The administrator or operator in each assisted living facility or residential health care facility shall ensure that a licensed nurse provides or coordinates the provision of necessary health care services that meet the needs of each resident and are in accordance with the functional capacity screening and the negotiated service agreement. This REQUIREMENT is not met as evidenced	S3155		

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S3155	Continued From page 3 by: KAR 26-41-204(a) The facility reported a census of 32 residents. The sample included 3 residents 1 focus review resident and 4 closed review residents. Based on record review, observation and interview for 1 (#213) sampled resident requiring health care services, the administrator failed to ensure that a licensed nurse provides or coordinates the provision of necessary health care services that meet the needs of each resident and are in accordance with the functional capacity screening and the negotiated service agreement. Findings included: - Record review for resident #213 recorded an admission date of 2/1/12 with diagnoses of: multiple sclerosis, osteoporosis, constipation and gastroesophageal reflux disease. Functional Capacity Screen dated 1/18/19 recorded resident required assistance with bathing, dressing, toileting, and transfer. Resident had no problems with cognitive function. Negotiated service agreement/ health care service plan (NSA/HCSP) dated 1/18/19 recorded staff to assist resident with bathing, dressing, toileting, and transfer. Observation on 2/13/19 at 11:00am in resident's room revealed the following devices: Rojo (specialized pressure relief cushion) in resident electric wheelchair, a ½ metal side rail on resident's bed in down position, resident wore 2 foot/leg braces and had an air mattress on the bed. Resident confirmed he/she used these	S3155		

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S3155	Continued From page 4 devices. Interview on 2/13/19 at 4:00pm with administrative nurse #B confirmed NSA/HCSF lacked entries for use of these devices. For resident #213 the administrator failed to ensure that a licensed nurse provides or coordinates the provision of necessary health care services that meet the needs of each resident and are in accordance with the functional capacity screening and the negotiated service agreement.	S3155		
S3186 SS=D	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 32 residents. The sample included 3 residents, 1 focus review resident and 3 closed chart reviews. Based on record review and interview for 1 sampled resident (#214), the administrator failed to ensure	S3186		

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S3186	Continued From page 5 the Negotiated Service Agreement reflected resident self-injection of insulin. Findings included: - Record review for resident #214 recorded admission date of 12/14/18 with diagnoses of: hypertension, diabetes mellitus and depression. Functional Capacity Screen (FCS) dated 12/14/18 recorded resident required assistance with management of medications and treatments. Negotiated Service Agreement/health care service plan (NSA/HCSP) recorded staff to provide assistance with management of medications and treatments. February medication administration recorded: "Lantus (insulin) Solostar pen 100 units/ml (milliliter) inject 16 units subcutaneously at bedtime. Resident to inject self." Interview on 2/13/19 at 4:00pm with administrative nurse #B confirmed resident's NSA lacked entry for resident self-injection of insulin. For resident #214, the administrator 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: 3200 KAR 26-41-205(d) The facility reported a census of 32 residents. The sample included 3 residents, 1 focus review resident and 3 closed record reviews. Based on record review and interview for 1 (#214) sampled resident, the administrator failed to ensure that medications were administered to residents according to professional standards of practice when the licensed nurse failed to assess the resident's ability to self-inject insulin. Findings included: - Record review for resident #214 recorded admission date of 12/14/18 with diagnoses of: hypertension, diabetes mellitus and depression. Functional Capacity Screen (FCS) dated 12/14/18 recorded resident required assistance with	S3200		

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S3200	Continued From page 7 management of medications and treatments. Negotiated Service Agreement/health care service plan (NSA/H CSP) recorded staff to provide assistance with management of medications and treatments. February medication administration recorded: "Lantus (insulin) Solostar pen 100 units/ml (milliliter) inject 16 units subcutaneously at bedtime. Resident to inject self." Resident record lacked an assessment for self-injection of insulin. Interview on 2/13/19 at 4:00pm with administrative nurse #B confirmed resident record lacked an assessment for ability to safely self-inject insulin. For resident #214, the administrator failed to ensure that medications were administered to residents according to professional standards of practice when the licensed nurse failed to assess the resident's ability to self-inject insulin.	S3200		
S3211 SS=F	26-41-205 (g) (3) OVER THE COUNTER DRUGS (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	S3211		

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S3211	Continued From page 8 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 26-41-205(g) (3) The facility reported a census of 32 residents. The sample included 3 residents, 1 focus review resident and 3 closed chart residents. The resident roster identified 30 residents as receiving medication management. Based on observations and interviews for 30 residents, the administrator failed to ensure a licensed nurse or licensed pharmacist placed the full name of the resident on packages of over-the-counter medications (OTCs). Findings included: - Observation on 2/12/19 during facility tour from 1:40pm until 4:05pm with administrative nurse #B and licensed nurse #C, the following OTCs were observed in the facility treatment and medication carts. The OTCs lacked the full name of the resident on the packages: In the locked treatment cart for the assisted living unit: Triple antibiotic cream 1 ounce (oz); Walgreens Ice Blue Gel 8oz	S3211		

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S3211	Continued From page 9 In the medication cart for the assisted living unit: Equate brand Acetaminophen (pain) 500 milligrams (mg) 225 tablet bottle Equate brand daily fiber (constipation) 160 capsule bottle Nature Made brand B12 (supplement) 1000micrograms (mcg) 190 count bottle Spring Valley brand D3 (supplement) 5000 IUs (international units) 250 count bottle Plus 21 additional bottles of OTC medications lacking full resident names. In the locked medication cart in the memory care unit: Rugby brand Rulox (indigestion) 12oz, "Stock" written on bottle, HS written on the cap. Kirkland brand Calcium 600mg plus D3 (supplement) 500 count bottle. Equate brand Aspirin (pain) 81 mg 118 count bottle. Interview on 2/12/19 at 3:30pm with licensed nurse #C confirmed OTCs lacked full resident names. For 30 residents of the facility the administrator failed to ensure a licensed nurse or licensed pharmacist placed the full name of the resident on packages of over-the-counter medications (OTCs).	S3211		
S3247 SS=F	26-41-102 (c) Staff Qualifications RN available (c) A registered professional nurse shall be available to provide supervision to licensed practice nurses, pursuant to K.S.A. 65-1113 and	S3247		

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S3247	Continued From page 10 amendments thereto. This REQUIREMENT is not met as evidenced by: KAR 26-41-102(c) The facility reported a census of 32 residents. The sample include sampled residents and 1 focus review resident and 3 closed review residents. Based on record review and interview, for all residents, the administrator failed to ensure the provision of a registered professional nurse to be available to provide supervision to licensed practical nurses, pursuant to K.S.A. 65-1113 and amendments thereto. Findings included: - On 2/12/19 at 4:05pm during interview with administrative nurse #B and licensed nurse #C, stated the registered professional nurse available to provide supervision to the licensed practical nurses at the facility was executive nurse #D, who resides in California. Review of executive nurse #D license recorded he/she is licensed in California. He/she lacked a Kansas nursing license. Interview on 2/13/19 at 2:45pm with administrative nurse #B confirmed executive nurse #D lacked a Kansas nursing license and facility does not have other registered nurse supervision for the facility. For all residents of the facility, the administrator failed to ensure the provision of a registered professional nurse to be available to provide supervision to licensed practical nurses, pursuant	S3247		

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S3247	Continued From page 11 to K.S.A. 65-1113 and amendments thereto.	S3247		
S3280 SS=F	26-41-104 (d) Disaster and Emergency Preparedness (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 facility ' s emergency management plan; (2) education of each resident upon admission to the facility regarding emergency procedures; (3) quarterly review of the facility ' 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. This REQUIREMENT is not met as evidenced by: KAR 26-4-104(d)(3) The census equaled 32 residents, the sample included 3 residents, 1 focus review resident and 3 closed chart residents. Based on interviews and review of records, for all residents, the administrator failed to ensure disaster and emergency preparedness when the administrator failed to ensure quarterly review of the facility's emergency management plan with employees and residents.	S3280		

STATE FORM

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S3290	Continued From page 13 administrator or operator of the facility establishes a contract with another entity to provide or coordinate the provision of dietary services to the residents, the administrator or operator shall ensure that entity ' s compliance with these regulations. (b) Staff. The supervisory responsibility for dietetic services shall be assigned to one employee. (1) A dietetic services supervisor or licensed dietitian shall provide scheduled on-site supervision in each facility with 11 or more residents. (2) If a resident ' s negotiated service agreement includes the provision of a therapeutic diet, mechanically altered diet, or thickened consistency of liquids, a medical care provider ' s order shall be on file in the resident ' s clinical record, and the diet or liquids, or both, shall be prepared according to instructions from a medical care provider or licensed dietitian. This REQUIREMENT is not met as evidenced by: KAR 26-42-206(a)(c) The facility reported a census of 32 residents. The sample included 3 residents, 1 focus review resident and 3 closed chart review residents. Based on observation, record review and interview for 1 (#215) focus review resident and 1 (#219) non-sampled resident receiving a mechanically altered diet and/or thickened liquids, the administrator failed to ensure a medical care provider's order shall be on file in the resident's clinical record and the diet or liquids, or both, shall be prepared according to instructions from a	S3290		

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S3290	Continued From page 14 medical care provider or licensed dietitian. Findings included: - Interview on 2/12/19 at 3:00pm with dietary supervisor #I stated facility has 3 special diets: 2 pureed and 1 gluten free diet. He/she confirmed he/she does not have signed instructions from a licensed dietitian or physician for the resident's diets and does not have a list of who they are. He/she stated the residents reside in memory care, he/she does not know which residents get the special diets, he/she prepares the food and the staff give it to the correct residents. - Interview on 2/12/19 at 3:15pm with administrative nurse #B confirmed the puree residents as #215 and #219. - Observation on 2/13/19 at 11:35am in the memory care unit revealed residents #215 and #219 served pasta with sauce and meat by staff. Both servings were lumpy in texture and not smooth in texture. - Interview on 2/13/19 at 11:35am with certified staff #J confirmed #215 and #219 require pureed diets. - Record review for resident #219 recorded admission date of 2/15/13 with diagnoses of: dementia, hypertension, depression and	S3290		

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S3290	Continued From page 15 hyperlipidemia. Resident care notes dated 10/12/18 at 12:15pm recorded: " New order for request hospice to evaluate for aspiration. New order to change diet to puree meats" Signed by administrative nurse #B. For residents #215 and 219 residents receiving a mechanically altered diet and/or thickened liquids, the administrator failed to ensure a medical care provider's order shall be on file in the resident's clinical record and the diet or liquids, or both, shall be prepared according to instructions from a medical care provider or licensed dietitian.	S3290		
S3298 SS=F	26-41-206 (d) Food Preparation (d) Food preparation. Food shall be prepared using safe methods that conserve the nutritive value, flavor, and appearance and shall be served at the proper temperature. (1) Food used by facility staff to serve to the residents, including donated food, shall meet all applicable federal, state, and local laws and regulations. (2) Food in cans that have significant defects, including swelling, leakage, punctures, holes, fractures, pitted rust, or denting severe enough to prevent normal stacking or opening with a manual, wheel-type can opener, shall not be used. (3) Food provided by a resident ' s family or friends for individual residents shall not be required to meet federal, state, and local laws and regulations.	S3298		

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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: N046065	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____	(X3) DATE SURVEY COMPLETED 02/18/2019
NAME OF PROVIDER OR SUPPLIER LEAWOOD GARDENS ASSISTED LIVING		STREET ADDRESS, CITY, STATE, ZIP CODE 5201 W 143RD STREET LEAWOOD, KS 66224		
(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
S3298	Continued From page 16 This REQUIREMENT is not met as evidenced by: KAR 26-41-206(d) The facility reported a census of 32 residents. The sample included 3 residents 1 focus review resident and 3 closed chart review residents. Based on record review and interview for all residents living in the facility and receiving meal services, the administrator failed to ensure facility staff served food at the proper temperature. Findings included: - Interview 2/12/19 at 3:00pm with dietary supervisor #1 stated kitchen staff do not check the temperature of the residents' food prior to serving, he/she confirmed he/she does not know the temperature at which food can safely be cooked/served. He/she confirmed all residents eat at the facility. Facility lacked food temperature monitoring logs. For all residents living in the facility and receiving meal services, the administrator failed to ensure facility staff served food at the proper temperature.	S3298		
S3310 SS=F	26-41-207 (b) (5-6) (c) Infection Control Policies (b) (5) prohibiting any employee with a communicable disease or any infected skin lesions from coming in direct contact with any	S3310		

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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: N046065	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____	(X3) DATE SURVEY COMPLETED 02/18/2019
NAME OF PROVIDER OR SUPPLIER LEAWOOD GARDENS ASSISTED LIVING		STREET ADDRESS, CITY, STATE, ZIP CODE 5201 W 143RD STREET LEAWOOD, KS 66224		
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S3310	Continued From page 17 resident, any resident ' s food, or resident care equipment until the condition is no longer infectious; (6) providing orientation to new employees and employee in-service education at least annually on the control of infections in a health care setting; and (c) Each administrator or operator shall ensure the facility ' s compliance with the department ' s tuberculosis guidelines for adult care homes adopted by reference in K.A.R. 26-39-105 This REQUIREMENT is not met as evidenced by: KAR 26-41-207(c) The facility reported a census of 32 residents. The sample included 3 residents (#212, 213, 214) 3 closed chart reviews and 1 focus review resident. Based on record review, and interview, for all residents of the facility, the administrator failed to ensure compliance with the department's tuberculosis guidelines for adult care homes adopted by reference in K.A.R. 26-39-105. Findings included: - On 2/12/19 at 5:10pm, during personnel review with administrative nurse #B and licensed nurse #C, facility records lacked documentation for tuberculosis (TB) symptom screen questionnaires and 2 step TB skin tests for the following 5 of 5 recent staff hired:	S3310		

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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: N046065	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____	(X3) DATE SURVEY COMPLETED 02/18/2019
NAME OF PROVIDER OR SUPPLIER LEAWOOD GARDENS ASSISTED LIVING		STREET ADDRESS, CITY, STATE, ZIP CODE 5201 W 143RD STREET LEAWOOD, KS 66224		
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S3310	Continued From page 18 Licensed nurse #C, hire date 10/16/17, Certified staff #E, hire date 9/26/18, Certified staff #F, hire date 1/15/19, Certified staff #G, hire date 11/10/17, Certified staff #H, hire date 8/13/18. Interview on 2/12/19 at 5:10pm with administrative nurse #B and licensed nurse #C, confirmed staff records lacked documentation of TB symptom screen questionnaires and 2 step TB skin tests. For all residents of the facility the administrator failed to ensure compliance with the department's tuberculosis guidelines for adult care homes adopted by reference in K.A.R. 26-39-105.	S3310		