

Kansas Department on Aging

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: N046078	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____	(X3) DATE SURVEY COMPLETED R-C 02/11/2019
NAME OF PROVIDER OR SUPPLIER GARDEN VILLAS OF LENEXA		STREET ADDRESS, CITY, STATE, ZIP CODE 9705 MONROVIA LENEXA, KS 66215		
(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 citation represents the finding of a revisit for notice of assessment at the above named assisted living facility conducted on 2-11-19.	{S 000}		
{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: KAR 26-41-205(d) The facility reported a census of 50 residents. The sample included 3 residents. Based on record review and interview for 3 (#2300, #2301, #2302) of 3 sampled residents whose medications are managed by the facility, the administrator failed to ensure that all medications and biologicals are administered to the residents	{S3200}		

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

TITLE

(X6) DATE

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{S3200}	Continued From page 1 in accordance with a medical care provider's written order and professional standards of practice. Findings included: - Record review for Resident #2300 revealed admission on 5-18-18 with diagnoses dementia, hypertension and vitamin D deficiency. The Functional Capacity Screen dated 7-23-18 recorded resident unable to perform management of medications and treatments. The Negotiated Service Agreement/Health Care Service Plan reviewed on 7-25-18 recorded services Medication Administration: Medication administration per community/physician's orders including PRN (as needed) medications. Staff to administer medications. Review of Medication Administration Record (MAR) for January 2019 revealed on 1-25-19 the following medications lacked documentation of administration and further lacked a reason the medications were not administered: Amlodipine 2.5 mg (milligrams) 1 tablet daily (for blood pressure). Sorbitol solution 70% 15 ml (milliliters) orally every morning ((laxative). SPS Suspension 20 ml (7.5 grams) orally daily (for hyperkalemia). Veltassa Powder 8.4 grams, one packet orally daily (for hyperkalemia). Vitamin D3 1 tablet orally daily (supplement). Folic Acid 1 mg daily (supplement). Bactrim DS one tablet (antibiotic). Culturelle 10 billion cell 1 orally daily (probiotic). The MAR contained an order for Tylenol 325 mg	{S3200}		

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{S3200}	Continued From page 2 tablet, 2 tablets orally every 4 hours PRN (as needed) for pain. Tylenol was administered by Certified Staff C on 1-10-19 at 8:00 pm for "Resident had a high temperature 101.4 degrees Fahrenheit. Tylenol was administered by Certified Staff D on 1-11-19 at 8:00 am for "sore throat". The record lacked documentation of administration of medication per physician's ordered parameter. Interview on 2-11-19 at 11:53 am with Licensed Staff B stated he/she remembered staff calling regarding the resident having a fever and he/she instructed staff to administer the Tylenol for the elevated temperature. Confirmed the medication was not administered per professional standards of practice either time by certified staff as the physician's ordered parameter was for pain and did not state to administer for elevated temperature or a sore throat. Further confirmed the documentation on the back of the MAR failed to indicate the medications were administered per instructions of the nurse. - Record review for Resident #2301 revealed admission on 1-30-19 with diagnoses Sternum Fracture, Urinary Tract Infection, Chronic Obstructive Pulmonary Disease, Anemia, and History of Multiple Myeloma. The Functional Capacity Screen dated 1-29-19 recorded resident unable to perform management of medications and required supervision of treatments. The Negotiated Service Agreement/Health Care Service Plan dated 2-8-19 recorded services for Medication Administration: Medication	{S3200}		

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{S3200}	Continued From page 3 administration per community/physician's orders, including PRN (as needed) medications. Review of the MAR (Medication Administration Record) for February 2019 and Physicians' orders dated 2-8-19 revealed the following discrepancies: Order stated Ferrous Sulfate (iron supplement) 325 mg (milligrams) tablet twice a day. MAR stated Ferrous Sulfate 325 mg daily. Order stated Albuterol (Proventil) inhaler 2 puffs inhalation as needed for shortness of breath. MAR stated Proventil 2 puffs inhalation as needed four times a day. Order stated Dexamethasone (Decadron) 4 mg tablet. 10 tablets orally once a week. MAR stated Dexamethasone 4 mg 1 tablet orally once weekly. Interview on 2-11-19 at 12:58 pm with Licensed Staff B confirmed the above MAR/order discrepancies and confirmed he/she failed to clarify the orders with the physician. - Record review for Resident #2302 revealed admission on 12-22-18 with diagnoses hyperlipidemia, dementia without behavioral disturbance, low back pain, and nausea/vomiting. The Functional Capacity Screen dated 12-21-18 recorded resident required physical assistance with management of medications and treatments. The Negotiated Service Agreement/Health Care Service Plan dated 12-24-18 recorded services for Medication Administration by facility staff. Review of the MAR for January 2019 revealed Vitamin D3 5,000 units 1 by mouth daily (supplement). Circled as not administered on	{S3200}		

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{S3200}	Continued From page 4 1-30-19, 1-31-19. No reason documented on back of the MAR. Review of the MAR (Medication Administration Record) for February 2019 revealed the following: Vitamin D3 5000 units, 1 by mouth daily. Lacked documentation of administration (some days circled as not administered, other days left blank). On back of MAR on 2-1-19, 2-4-19, 2-5-19, 2-6-19, 2-9-19, 2-10-19, 2-11-19 stated "not given, waiting for family to deliver". Interview on 2-11-19 at 11:45 am with Licensed Staff B confirmed the MAR lacked documentation that the resident had received the medication as ordered by the physician and upon review of the nurse's notes confirmed he/she had not documented that the physician was notified the resident was not receiving the medication as ordered. Stated he/she had called the family to request that they bring the medication but confirmed the record lacked documentation of this communication. For Residents #2300, #2301, and #2302 the administrator failed to ensure all medications and biologicals were administered to the residents in accordance with a medical care provider's written orders and professional standards of practice.	{S3200}			