

Kansas Department on Aging

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: B046050	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____	(X3) DATE SURVEY COMPLETED 02/21/2019
NAME OF PROVIDER OR SUPPLIER CARE HAVEN HOMES - BROADMOOR		STREET ADDRESS, CITY, STATE, ZIP CODE 7001 WEST 69TH STREET OVERLAND PARK, KS 66204		
(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 survey for re-licensure conducted on 2/20/19 and 2/21/19 at the above named home plus facility in Overland Park, KS.	S 000		
S5028 SS=D	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) The facility reported a census of 7 residents. The sample included 3 residents. Based on record review and interview for 1(#221) sampled resident, the operator failed to ensure that allegation of abuse and neglect was reported to the department within 24 hours, an investigation was started when the operator was notified of an alleged violation, each allegation was thoroughly investigated, appropriate corrective action taken, and the department's complaint investigation reports was completed and submitted to the department within five working days of the initial report. Findings included: - Record review for resident #221 recorded admission date of 11/13/17 with diagnoses of: dementia, diverticulitis, history of intracranial hemorrhage, debility and incontinence. Functional capacity screen (FCS) dated 11/12/18 recorded resident required physical assistance with toileting, transfer and unable to perform walk/mobility. Resident is frequently incontinent of bladder and has a history of falls/unsteadiness. Resident has problems with short term memory, long term memory, memory recall and decision making. Negotiated service agreement (NSA) dated 11/17/18 recorded facility staff to provide physical assistance with toileting including personal hygiene after toileting, transfer with 2- person assist, and mobility by wheelchair. Health care service plan (HCSP) dated 11/7/18 recorded facility staff (CMA, LPN or RN) (certified	S5028		

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S5028	Continued From page 2 medication aid, licensed practical nurse or registered nurse) to provide physical assistance with toileting, staff will offer toilet frequently, resident is a fall risk and uses a wheelchair, requires 2-person assistance for transfers (motion sensor in place while in room, chair alarm to alert staff when up.) Nurses notes dated 10/6/18 at 3:45pm recorded: "Staff reports resident found on floor in bedroom by bathroom door. Laceration to back of head ... left elbow ... (family) declines emergency room visit" Signed by licensed nurse #D. Observation on 2/20/19 at 2:00pm revealed certified staff #E and C take resident to toilet in his/her room via wheelchair. Certified staff #C remained with resident with bathroom door open. Facility incident report form dated 10/6/18 at 3:30pm completed by certified staff #C recorded: "Took [resident] to the restroom, as he/she was using the restroom I step(ped) away to do some charting and as I went back in to the room where [resident] was that's when he/she was on the floor and I saw the blood from his/her head on the carpet." Interview on 2/20/19 at 2:30pm with administrative nurse #B confirmed resident was not supposed to be left unattended. He/she confirmed incident was not reported to the department. For resident # 221, the operator failed to ensure that allegation of abuse and neglect was reported to the department within 24 hours, when staff left a cognitively impaired resident with history of falls unattended on a toilet, resulting in a fall with injuries.	S5028		

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S5315 SS=F	26-42-205 (h) Medication Storage (h) Storage. Licensed nurses and medication aides shall ensure that all medications and biologicals are securely and properly stored in accordance with each manufacturer ' s recommendations or those of the pharmacy provider and with federal and state laws and regulations. (1) Licensed nurses or medication aides shall store non-controlled medications and biologicals managed by the home in a locked medication room, cabinet, or medication cart. Licensed nurses and medication aides shall store controlled medications managed by the home in separately locked compartments within a locked medication room, cabinet, or medication cart. Only licensed nurses and medication aides shall have access to the stored medications and biologicals. (2) Each resident managing and self-administering medication shall store medications in a place that is accessible only to the resident, licensed nurses, and medication aides. (3) Any resident who self-administers medication and is unable to provide proper storage as recommended by the manufacturer or pharmacy provider may request that the medication be stored by the home. (4) A licensed nurse or medication aide shall not administer medication beyond the manufacturer ' s or pharmacy provider ' s recommended date of expiration. This REQUIREMENT is not met as evidenced by: KAR 26-42-205(h)	S5315		

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S5315	Continued From page 4 The facility reported a census of 7 residents. The sample included 3 sampled residents. Based on observation and interview, the licensed nurses and medication aides failed to ensure all medications and biologicals were securely and properly stored in accordance with federal and state laws and regulations. Findings included: - On 2/21/19 at 9:00am upon entrance to the facility observed 3 residents at the dining room table and certified staff #C doing dishes in the kitchen. Around the corner (not observable from the kitchen) in the open office area, observed 2 cabinets on right side of desk, unlocked. Cabinets contained plastic boxes, each labeled with a resident's name, each filled with carded and bottled medications, plus a box of eye medications and a box of over the counter medications labeled "staff". Certified staff #E entered area at 9:10am. Resident roster recorded all residents as cognitively impaired. Interview on 2/20/19 at 9:10am with certified staff #C confirmed medication cabinets were left unlocked and stated, "That lock is kinda tricky." For all residents of the facility, the licensed nurses and medication aides failed to ensure all medications and biologicals were securely and properly stored in accordance with federal and state laws and regulations.	S5315		