

Kansas Department on Aging

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: N046040	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____	(X3) DATE SURVEY COMPLETED 12/19/2018
NAME OF PROVIDER OR SUPPLIER THE HOMESTEAD OF OLATHE NORTH		STREET ADDRESS, CITY, STATE, ZIP CODE 791 N SOMERSET TERRACE OLATHE, KS 66062		
(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 represent the findings of a resurvey with complaint investigation 126699 at the above named assisted living facility conducted on 12-17-18, 12-18-18, and 12-19-18.	S 000		
S3101 SS=D	26-41-202 (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 26-41-202(h) The facility reported a census of 33 residents. The sample included 3 residents and one focus review resident. Based on record review and interview for 1 (#600) of 3 sampled residents, the operator failed to ensure each individual involved in the development of the negotiated service agreement shall sign the agreement. Findings included: - Record review for Resident #600 revealed admission on 12-3-18 with diagnoses Primary Pulmonary Hypertension, Hypothyroidism, and Generalized Anxiety Disorder. The Functional Capacity Screen dated 12-3-18 recorded resident required health care services. The Negotiated Service Agreement/Health Care	S3101		

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

TITLE

(X6) DATE

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S3101	Continued From page 1 Service Plan dated 12-3-18 recorded services for assistance with bathing, supervision of dressing, assistance with toileting and facility staff to manage medications and treatments. The NSA/HCSP was signed by operator and Licensed Staff B. The NSA/HCSP lacked documentation of signature of resident and/or resident's legal representative on or before date of admission. Interview on 12-17-18 at 11:05 am with Licensed Staff B confirmed the NSA/HCSP lacked signature of the resident and/or the resident's legal representative. For Resident #600, the operator failed to ensure each individual involved in the development of the negotiated service agreement signed the agreement.	S3101		
S3220 SS=D	26-41-205 (k) Medication Clinical Record (k) Clinical record. The administrator or operator, or the designee, shall ensure that the clinical record of each resident for whom the facility manages medication or prefills medication containers or syringes contains the following documentation: (1) A medical care provider ' s order for each medication; (2) the name of the pharmacy provider of the resident ' s choice; (3) any known medication allergies; and (4) the date and the 12-hour or 24-hour clock time any medication is administered to the resident.	S3220		

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S3220	Continued From page 2 This REQUIREMENT is not met as evidenced by: KAR 26-41-205(k)(1) The facility reported a census of 33 residents. The sample included 3 residents and one focus review resident. Based on record review and interview for 1 (#600) of 1 sampled resident, the operator failed to ensure that the clinical record of each resident for whom the facility manages medication, contains a medical care provider's order for each medication. Findings included: - Record review for Resident #600 revealed admission on 12-3-18 with diagnoses Primary Pulmonary Hypertension, Hypothyroidism, and Generalized Anxiety Disorder. The Functional Capacity Screen dated 12-3-18 recorded resident unable to perform management of medications and treatments. The Negotiated Service Agreement/Health Care Service Plan dated 12-3-18 recorded services for facility to manage medication administration per certified medication aides (CMA) and licensed practical nurse (LPN). Review of Medication Administration Record for December 2018 revealed CMA/LPN staff documented administration of the following medications: Doxazosin (antihypertensive) 8 mg (milligram) table one time daily. Aleve (pain relief) 220 mg two times daily. Bayer Chewable Low Dose (heart health) 81 mg one time daily.	S3220		

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S3220	Continued From page 3 Loperamide (antidiarrheal) 2 mg table one time daily. Melatonin (sleep) 10 mg one time daily. Thioridazine (antipsychotic) 10 mg one time daily. Simethicone (gas relief) 125 mg capsule four times daily. PreserVision AREDS-2 (supplement) 250 mg-0.5 mg capsule two times daily. Lisinopril (antihypertensive) 20 mg table one time daily. Levothyroxine (thyroid) 50 mcg (microgram) tablet one time daily. Finasteride (antiandrogen) 5 mg tablet one time daily. Hemp Oil Tincture sublingual (antianxiety) give 15 drops. Triamcinolone acetonide 0.5% topical cream one time daily to rash on shoulder. The record lacked documentation of a physician order for the above medications. Interview on 12-17-18 at 4:15 pm with Licensed Staff B stated resident's family member brought a list along with all medications when resident was admitted on 12-3-18. Confirmed he/she has been unable to obtain signed physician orders and all medications were administered to the resident without a medical care provider's order. For Resident #600, the operator failed to ensure that the clinical record contained documentation of a medical care provider's order for each medication.	S3220		