

Kansas Department on Aging

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: N046039	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____	(X3) DATE SURVEY COMPLETED 12/19/2018
NAME OF PROVIDER OR SUPPLIER THE HOMESTEAD OF LEAWOOD		STREET ADDRESS, CITY, STATE, ZIP CODE 12720 STATELINE RD LEAWOOD, KS 66209		
(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 Assisted Living Facility in Leawood, Kansas on 12/11/18, 12/12/18, 12/13/18, 12/17/18, 12/18/18, and 12/19/18. Complaints #135488, #134438, and #132842 also investigated. Revised 2567 sent to facility 12/27/2018	S 000		
S 230 SS=D	26-39-102 (b) (c) Admission Advanced Directives Resident Rights b) At the time of admission, adult care home staff shall inform the resident or the resident ' s legal representative, in writing, of the state statutes related to advance medical directives. (1) If a resident has an advance medical directive currently in effect, the facility shall keep a copy on file in the resident ' s clinical record. (2) The administrator or operator, or the designee, shall ensure the development and implementation of policies and procedures related to advance medical directives. (c) The administrator or operator, or the designee, shall provide a copy of resident rights, the adult care home's policies and procedures for advance medical directives, and the adult care home's grievance policy to each resident or the resident's legal representative before the prospective resident signs any admission agreement. This REQUIREMENT is not met as evidenced by: KAR 26-39-102(b)(c) The census equalled 21 the sample included three Residents. Based on interviews and reviews	S 230		

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

TITLE

(X6) DATE

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S 230	Continued From page 1 of records, for one of three sampled (#185), the Operator failed to ensure the development and implementation of policies and procedures related to advance medical directives, and if a Resident had an advanced directive currently in effect, the facility shall maintain a copy of Resident's advanced directive in the medical record. Findings included: - Review of record revealed #185 admitted to facility 11/27/18 with diagnoses of hemiplegia, hemiparesis, history of falling, ataxia, chronic obstructive pulmonary disease, bronchitis, depressive disorder, macular degeneration, anxiety disorder, melanocytic nevi, dysphagia, pain, and, insomnia. 11/26/18 - FCS (functional capacity screen) coded #185 in need of physical assistance with bathing, dressing, toileting, transfers; in need of supervision with mobility; independent with eating, unable to perform medication and treatment management; with occasional bladder incontinence. The remainder of the FCS remained blank and not signed by a licensed nurse. An 11/19/18 POS (physician order sheet) from Resident's prior facility contained the notation "DNR" (Do Not Resuscitate). The 11/2018 and 12/2018 MAR's (medication administration records) documented "DNR." The medical record information page and admission information documented "DNR." By further review: The medical record lacked a copy of a "Do Not Resuscitate" form or documentation by Resident	S 230		

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S 230	Continued From page 2 or Resident's representative to indicate DNR status requested or desired. The medical record lacked licensed nurse clarification of the DNR order on the POS. On 12/12/18 at 1:30pm Resident Care Coordinator (RCC) #G confirmed no supporting documentation for DNR status in the medical record. On 12/12/18 at 3:00pm RCC #G and company Floating Nurse #L provided documentation of a DNR form requested and faxed from another facility and signed prior to admission... confirmed this supporting documentation not in the facility before today. The Operator failed to ensure the development and implementation of policies and procedures related to advance medical directives, and failed to ensure if #185 had an advanced directive currently in effect, the facility maintained a copy in the medical record.	S 230		
S3028 SS=D	26-41-101 (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 facility 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	S3028		

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S3028	Continued From page 3 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: KAR 26-41-101(f)(3)(A)(B)(C)(D)(E)(F) The census equalled 21 the sample included three Residents. Based on interview and review of record, for one of three sampled (#189), the Operator failed to ensure allegations of potential abuse or neglect were reported to the Department within 24 hours, that allegations thoroughly investigated to rule out abuse or neglect, and that written records of each investigation maintained. Findings Included: - Review of record revealed #189 admitted to facility 7/16/18 with diagnoses of pneumonia, candidiasis, difficulty walking, weakness, overactive bladder, edema, failure to thrive, gastroesophageal reflux disease, depressive disorder, hyperlipidemia, and hypothyroidism.	S3028		

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S3028	Continued From page 4 The current 7/16/18 - FCS (functional capacity screen) assessed #189 in need of physical assistance with bathing, dressing, toileting, transfers, and mobility; in need of supervision with eating; in need of physical assistance with medication and treatment management; with bladder incontinence, with impaired short term memory, memory recall, and decision making; with hearing and decision making impairments, used walker and wheelchair. The medical record contained an admission fall assessment (7/16/18) that coded #189 at "12" (above 10 considered a high risk and in need of care planning, etc.). The current 7/16/18 NSA/HSP (negotiated service agreement/health service plan) documented facility staff to provide services to meet these identified needs. Clinical notes included the following: 10/03/18 - 11:30am - at approximately 1620 on 10/02/18 I was notified by certified nurse aide that #189 was on the floor... when I arrived saw he/she laying in front of main apartment door with head by the end of the bed right where door open slightly... I carefully entered... asked what happened... he/she immediately reported leg pain... I felt the back of head and noted a palm size hematoma on the back of head... notified family and physician... sent to emergency room... 11/07/18 - 11:30am - I was notified on 11/05/18 at 1645 that Resident had fallen in room... in the kitchen area... walked off without walker... lost balance and fell... no pain with range of motion and didn't hit head... assisted up by staff... home health team notified...	S3028		

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S3028	Continued From page 5 11/17/18 - 4:01pm - was found by staff on bottom in front of recliner at 1825 on 11/16/18... complained of being dizzy and sliding to floor when trying to stand up... no pain...was assisted by staff into chair... notified physician, family, home health... The medical record lacked documentation of investigations to rule out abuse or neglect related to unwitnessed falls by a Resident identified to need assistance with all activities of daily living, all transfers, and all mobility. On 12/13/18 at 11:07am Resident Care Coordinator #G confirmed no documentation in medical record... stated I did put into Risk Watch... that is an internal only documentation platform... By review this documentation lacked a "thorough investigation process" to rule out abuse or neglect. This documentation failed to demonstrate an attempt to determine precipitating factors of Resident being on the floor. This documentation lacked information to include when Resident last observed, what Resident was doing when last observed and where, status of Resident at the time, when last care or service provided and Resident's response. This documentation failed to determine how/why #189 experienced independent, unwitnessed falls when #189 assessed to need physical assistance with transfers, mobility, toileting, bathing, and dressing, in order to rule out potential abuse or neglect. This documentation did not indicate any reporting of these unwitnessed incidents/potential allegations to the Department.	S3028		

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S3028	Continued From page 6 For #189, the Operator failed to thoroughly investigate unwitnessed incidents of a Resident in need of assistance discovered on floor, to rule out abuse or neglect, and failed to report the potential allegations to the Department.	S3028		
S3082 SS=E	26-41-201 (d) Functional Capacity Screen Accurate d) Designated facility staff shall ensure that each resident ' s functional capacity at the time of screening is accurately reflected on that resident ' s screening form. This REQUIREMENT is not met as evidenced by: KAR 26-41-201(d) The census equalled 21 the sample included three Residents. Based on observation, interviews, and reviews of records, for two of three sampled (#185 and #189) the Operator failed to ensure designated facility staff completed a functional capacity screen (FCS) that accurately reflected the Residents' functional capacity. Findings included: - Review of record revealed #185 admitted to facility 11/27/18 with diagnoses of hemiplegia, hemiparesis, history of falling, ataxia, chronic obstructive pulmonary disease, bronchitis, depressive disorder, macular degeneration, anxiety disorder, melanocytic nevi, dysphagia, pain, and, insomnia. 11/26/18 - FCS (functional capacity screen)	S3082		

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S3082	Continued From page 7 coded #185 in need of physical assistance with bathing, dressing, toileting, transfers; in need of supervision with mobility; independent with eating, unable to perform medication and treatment management; with occasional bladder incontinence. The remainder of the FCS remained blank and the FCS not signed by a licensed nurse. The blank sections included Section III. (Current or Recent Problems or Risks), Section IV. (Mobility/Appliances/Devices), Section V. (ADL/IADL Rehab Potential), Section VI. (Medications), Section VII. (Therapies and Treatments), Section VIII. (Support), Section IX. (Comments), Section X. (Participation in Screen), and Section XI. (Signature of Those Completing). The Resident's diagnosis history of falls, mobility appliances (brace, wheelchair), Rehab potentials and Therapies not identified on this FCS. 12/05/18 - NSA/HSP (negotiated service agreement/health service plan) documented facility staff provide bathing, dressing, toileting, and transfer assistance; medication and treatment management; home health provided skilled nursing for wound management, home health provided OT (occupational therapy) for transfers and strengthening; home health provided PT (physical therapy) for strengthening, and home health provided ST (speech therapy) for swallowing compensatory technique. On 12/12/18 at 10:45am in Resident's room observed #185 use a gait belt and wheelchair with staff assistance... observed to use a brace on left leg for support, and observed to be unsteady and in need of physical assistance. On 12/12/18 at 1:20pm, Resident Care Coordinator # G confirmed the FCS not complete and not signed... stated I am sure I did the whole	S3082		

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S3082	Continued From page 8 assessment... must not have saved each page after completing them... The Operator failed to ensure designated facility staff completed an FCS that accurately reflected the functional status of #185. - Review of record revealed #189 admitted to facility 7/16/18 with diagnoses of pneumonia, candidiasis, difficulty walking, weakness, overactive bladder, edema, failure to thrive, gastroesophageal reflux disease, depressive disorder, hyperlipidemia, and hypothyroidism. 7/16/18 - FCS (functional capacity screen) coded #189 in need of physical assistance with bathing, dressing, toileting, transfers, and mobility; in need of supervision with eating; in need of physical assistance with medication and treatment management; with bladder incontinence, with impaired short term memory, memory recall, and decision making; with hearing and decision making impairments, used walker and wheelchair. The FCS lacked coding for "potential falls/unsteadiness." An admission fall risk assessment 7/16/18 identified #189 as a "high risk" with a score of "12" (10 or more high risk must be care planned, etc.). The 7/16/18 - NSA/HSP (negotiated service agreement/health service plan) lacked a specific fall prevention plan for #189. Progress Notes documented falls for #189 on 7/25/18, 10/02/18, 11/05/18, and 11/16/18. The Operator failed to ensure designated facility staff completed an FCS that accurately reflected #189's functional status.	S3082			

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S3105 SS=F	26-41-202 (j) Negotiated Service Agreement Outside Resource (j) If a resident's negotiated service agreement includes the use of outside resources, the designated facility staff shall perform the following: (1) Provide the resident, 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, with a list of providers available to provide needed services; (2) assist the resident, if requested, in contacting outside resources for services; and (3) monitor the services provided by outside resources and act as an advocate for the resident if services do not meet professional standards of practice This REQUIREMENT is not met as evidenced by: KAR 26-41-202(j)(3) The census equalled 21 the sample included three Residents. Based on interviews and reviews of records, for three of three sampled (#185, #187, and #189), the Operator failed to ensure designated facility staff monitored the services provided by outside resources and acted as an advocate for the Resident. Findings included: - Review of record revealed #185 admitted to facility 11/27/18 with diagnoses of hemiplegia, hemiparesis, history of falling, ataxia, chronic obstructive pulmonary disease, bronchitis, depressive disorder, macular degeneration, anxiety disorder, melanocytic nevi, dysphagia,	S3105		

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S3105	Continued From page 10 pain, and, insomnia. 11/26/18 - FCS (functional capacity screen) coded #185 in need of physical assistance with bathing, dressing, toileting, transfers; in need of supervision with mobility; independent with eating, unable to perform medication and treatment management; with occasional bladder incontinence. The remainder of the FCS remained blank and not signed by a licensed nurse. 12/05/18 - NSA/HSP (negotiated service agreement/health service plan) documented facility staff provide bathing, dressing, toileting, and transfer assistance; medication and treatment management; home health provided skilled nursing for wound management, home health provided OT (occupational therapy) for transfers and strengthening; home health provided PT (physical therapy) for strengthening, and home health provided ST (speech therapy) for swallowing compensatory techniques. The medical record lacked documentation of orders for PT, ST, and OT. The medical record lacked documentation of the services provided to #185 and lacked documentation of the results of the services. On 12/12/18 at 1:30pm Resident Care Coordinator (RCC) #G confirmed no home health/therapy notes located in the medical record... stated I will go and check a notebook to see if we have notes in there... On 12/12/18 at 3:00pm RCC #G and company Floating Nurse #L provided documentation of therapy orders written prior to Resident's admission while at another facility... On 12/12/18 at 3:45pm reviewed the facility therapy notebook and located four total "Assisted	S3105		

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S3105	Continued From page 11 Living Visit Coordination Notes." The available notes included one dated 11/30/18 - "PT evaluation completed and plan of care initiated..." The available notes on 12/12/18 included three signed, skilled nursing notes dated 12/10/18, 12/12/18, and 12/14/18 (not here yet), each containing two word reports "wound care." These pages lacked documentation of assessment findings, lacked documentation of significant changes, and the "communication section" remained blank. These pages lacked what care and treatment provided, and lacked the Resident's responses to the therapies. On 12/14/18 at 4:00pm home health nurse #M stated I fill out all the forms for a week and put them in the notebook... add to them as I go... we do communicate verbally... I can call the office and get notes home health notes from our visits... On 12/13/18 RCC #G provided company home health notes faxed from the home health agency. The Operator failed to ensure designated facility staff monitored the services provided to #185 by an outside resource and acted as an advocate for the Resident. - Review of record revealed #187 admitted to facility 10/01/17 with diagnoses of hypertension, diabetes, hypothyroidism, hypercholesterolemia, and epidemic vertigo. 4/23/18 - FCS (functional capacity screen) coded #187 in need of physical assistance with bathing, dressing, toileting, transfers, and mobility; in need of supervision with eating, independent with medication management, in need of physical	S3105		

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S3105	Continued From page 12 assistance with treatment management; with occasional bladder incontinence, used a cane, a brace, and a wheelchair. 5/09/18 - NSA/HSP (negotiated service agreement/health service plan) documented facility staff provide bathing, dressing, toileting, transfer, mobility, and assistance with treatments. The medical record contained a physician's order dated 10/11/18 "OT/PT/SN (occupational therapy, physical therapy, skilled nursing) evaluate and treat. The medical record lacked documentation of the services provided to #187 and lacked documentation of the results of the services. On 12/12/18 at 1:30pm Resident Care Coordinator (RCC) #G confirmed no home health/therapy notes located in the medical record... On 12/13/18 RCC #G provided company home health notes faxed from the home health agency. The Operator failed to ensure designated facility staff monitored the services provided to #187 by an outside resource and acted as an advocate for the Resident. - Review of record revealed #189 admitted to facility 7/16/18 with diagnoses of pneumonia, candidiasis, difficulty walking, weakness, overactive bladder, edema, failure to thrive, gastroesophageal reflux disease, depressive disorder, hyperlipidemia, and hypothyroidism. 7/16/18 - FCS (functional capacity screen) coded #189 in need of physical assistance with bathing, dressing, toileting, transfers, and mobility; in need of supervision with eating; in need of physical	S3105		

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S3105	Continued From page 13 assistance with medication and treatment management; with bladder incontinence, with impaired short term memory, memory recall, and decision making; with hearing and decision making impairments, used walker and wheelchair. 7/16/18 - NSA/HSP (negotiated service agreement/health service plan) documented facility staff provide assistance with bathing, dressing, toileting, transfer, mobility; medication and treatment management. The medical record contained a physician's order dated 10/16/18 "SN/OT/PT (skilled nursing/occupational therapy, physical therapy) evaluate and treat. The medical record lacked documentation of the services provided to #189 and lacked documentation of the results of the services. On 12/12/18 at 1:30pm Resident Care Coordinator (RCC) #G confirmed no home health/therapy notes located in the medical record... On 12/13/18 RCC #G provided company home health notes faxed from the home health agency. The Operator failed to ensure designated facility staff monitored the services provided to #189 by an outside resource and acted as an advocate for the Resident.	S3105		
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	S3200		

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NAME OF PROVIDER OR SUPPLIER THE HOMESTEAD OF LEAWOOD		STREET ADDRESS, CITY, STATE, ZIP CODE 12720 STATELINE RD LEAWOOD, KS 66209		
(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
S3200	Continued From page 14 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 census equalled 21 the sample included three Residents. The Resident roster identified 18 Residents with facility managed medications. Based on interview and record review, for two of three sampled (#185 and #189), the Operator failed to ensure all medications and biological's administered to Residents in accordance with a medical care provider's written orders and in accordance with professional standards of practice. Findings included: - Review of record revealed #185 admitted to facility 11/27/18 with diagnoses of hemiplegia, hemiparesis, history of falling, ataxia, chronic obstructive pulmonary disease, bronchitis, depressive disorder, macular degeneration, anxiety disorder, melanocytic nevi, dysphagia,	S3200		

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S3200	Continued From page 15 pain, and, insomnia. Current functional capacity screen dated 11/26/18 assessed #185 unable to perform medication and treatment management. Current NSA/HSP (negotiated service agreement/health service plan) dated 12/05/18 documented facility staff provide medication and treatment management. Comparison of December 2018 medication administration record (MAR) with signed physician orders revealed discrepancies. MAR contained orders: Calcium 600mg (milligrams) + D(3) 200 units one capsule daily Coenzyme Q10 200mg one capsule daily vitamin D3 2000 unit tablet one time daily These medications documented (initialed by staff) on the administration page of the MAR corresponding to the section with the medication order. In further review, end pages of MAR (8, 9, 10) titled "Non PRN (as needed) Medication Notes" documented these three medications not administered to Resident 12/01/18 through 12/12/18 due to "not available." On 12/12/18 at 2:50pm Resident Care Coordinator #G and Regional Nurse #I confirmed these medications not administered in December 2018 (also not given in November 28, 29, and 30th)... confirmed no call to physician to inform of all missed doses and to inquire if any new orders... stated the medications were to be brought in by family members and they had not yet delivered them.	S3200		

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S3200	Continued From page 16 The Operator failed to ensure all medications administered to #185 in accordance with written medical care provider orders, and in accordance with professional standards of practice. - Review of record revealed #189 admitted to facility 7/16/18 with diagnoses of pneumonia, candidiasis, difficulty walking, weakness, overactive bladder, edema, failure to thrive, gastroesophageal reflux disease, depressive disorder, hyperlipidemia, and hypothyroidism. The 7/16/18 FCS (functional capacity screen) assessed #189 in need of physical assistance with medication and treatment management. The 7/16/18 NSA/HSP (negotiated service agreement/health service plan) documented #189 to receive medication and treatment management. On 12/12/18 at 5:00pm in Resident's room, observed a connected mouth piece and nebulizer (breathing treatment) machine on bed side table. #189 stated staff puts the medicine in and then I do the treatment... every day early in the morning, at noon, and at bedtime... it is always sitting there... not sure why two doses/ampules of nebulizer medication (ipratropium/albuterol - a bronchodilator) on table beside unit (one full and not opened, one opened and empty). On kitchen counter next to sink, observed an open box of ipratropium/albuterol with one full vial inside. On 12/12/18 at 6:05pm CMA (certified medication aide) #J confirmed staff start the breathing treatment for Resident to self administer three times daily... early morning, right after lunch, and one in the evening.	S3200		

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S3200	Continued From page 17 Review of the December 2018 MAR (medication administration record) with signed physician orders revealed a discrepancy with the reported dosing pattern. The physician's order of 10/18/18 "ipratropium-albuterol 0.5mg (milligrams)-3mg/3ml (milliliter) nebulization one vial two times daily. On 12/12/18 at 6:10pm reviewed medication order book with CMA #J. The last delivery of ninety vials of ipratropium/albuterol on 11/19/18. This box located in the locked cabinet of Resident's room, and now contained thirteen vials. On 12/12/18 at 6:45pm Operator #F and Regional nurse #I confirmed the current order for twice daily dosing, and not able to account the use of 77 doses since 11/19/18... confirmed not aware of this discrepancy prior to now and no documentation of medication error report or notification of physician... stated back in August of 2018, #189 with an order for Ipratropium/Albuterol four times daily, but that order discontinued 8/17/18... will need to investigate to determine how the error in dosing occurred. The Operator failed to ensure all medications administered to #189 in accordance with written medical care provider orders, and in accordance with professional standards of practice.	S3200		
S3202 SS=E	26-41-205 (d) (4) Delegation of Medication Administration (4) Any licensed nurse may delegate nursing procedures not included in the medication aide	S3202		

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S3202	Continued From page 18 curriculum to medication aides under the Kansas nurse practice act, K.S.A. 65-1124 and amendments thereto. This REQUIREMENT is not met as evidenced by: KAR 26-41-205(d)(4) The census equalled 21 the sample included three Residents. The facility identified 18 Residents with medication and treatment management, one who used insulin. Based on interview and record review, for one of one non-sampled (#180) who used insulin, the Operator failed to provide documentation that a licensed nurse delegated insulin pen preparation, a nursing procedure not included in the medication aide curriculum, to medication aides performing these procedures test under the Kansas nurse practice act, K.S.A. 65-1124 and amendments thereto. Findings included: - On 12/11/18 at 10:10am during the entrance conference, CMA/OIT (certified medication aide/operator in training) #C stated we have one Resident who uses insulin... the facility medication staff prepares the insulin pen, places the needle on the pen, dials the correct dose, and hands the pen to #180 for self injection... confirmed #180 with facility managed medications... do not have documentation of licensed nurse delegation to the CMA's. On 12/12/18 CMA/OIT #C stated the nurses have not completed the delegation process for CMA's to prepare the insulin pen and present it to the Resident... stated of the four CMA's reviewed,	S3202		

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S3202	Continued From page 19 only one has delegation or a competency checklist. #A - CMA hired 12/04/18 - no delegation completed #D - CMA hired 9/05/18 - no delegation completed #E - CMA hired 10/18/18 - no delegation completed #C - CMA hired 11/05/18 - delegation completed at facility also owned by this company prior to hire at this facility. The Operator failed to provide documentation that a licensed nurse delegated insulin pen preparation for self injection, to medication aides performing these tasks under the Kansas nurse practice act, K.S.A. 65-1124 and amendments thereto.	S3202		
S3211 SS=E	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 place the full name of the resident on both the original manufacturer ' s medication package and the medication container.	S3211		

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S3211	Continued From page 20 This REQUIREMENT is not met as evidenced by: KAR 26-41-205(g)(3) The census equalled 21 the sample included three Residents. The Resident roster identified 18 Residents with facility managed medications. Based on observation and interview, for one of three sampled (#189), and three non-sampled (#180, #182 and #184) with over the counter medications, the Operator failed to ensure a licensed nurse or licensed pharmacist placed the full name of the Resident on each accepted original, unbroken manufacturer's package of over-the-counter (OTC) medication for Resident administration. Findings included: - By observation on 12/11/18 at 10:15am, in review of the Assisted Living medication room and medication cart with CMA (certified medication aide #J, the following noted to lack the first and last name of each Resident: #180 - Bottle of Tylenol (analgesic) with no first or last name (identified by staff as #180's) #182 - Bottle of Miralax (laxative) no last name on container #184 - Bottle of Aspirin (cardiac protection) 81mg (milligrams) with no first or last name on bottle #189 - Roll on Icy Hot (topical analgesic) no last name on container	S3211		

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S3211	Continued From page 21 On 12/11/18 at 10:15am, CMA #J confirmed these items lacked the first and last name... was not aware of the need for nurse or pharmacist to put the name on the packages... was not aware the room number or first or last initials not sufficient for identification... The Operator failed to ensure for #180, #182, #184, and #189, the licensed nurse or licensed pharmacist placed the first and last names of Residents on each accepted, original, unbroken manufacturer's package of OTC medication for Resident administration.	S3211		
S3215 SS=F	26-41-205 (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 facility in a locked medication room, cabinet, or medication cart. Licensed nurses and medication aides shall store controlled medications managed by the facility 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.	S3215		

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S3215	Continued From page 22 (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 facility. (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 26-41-205(h) The census equalled 21 the sample included three Residents. The facility identified 74 employees hired since the last Resurvey. For two of two bottles of TB solution observed, licensed nurses and medication aides failed to ensure tuberculosis (TB) solution stored in accordance with manufacturer's recommendations to discard after open and in use 30 days; and, for two of two sampled Residents with facility managed medications (#189 and #185) the licensed nurses and medications failed to ensure medications and biologicals accessible only to those authorized to administer. Findings included: - By observation on 12/11/18 at 10:30am, in the medication storage room of facility, the refrigerator contained two open vials of TB testing solution. Both vials were noted to be open and in use, but each lacked the date vials opened and put into use. The package documented the need to discard the vial 30 days after vial opened.	S3215		

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S3215	Continued From page 23 On 12/11/18 at 5:55pm CMA/OIT (certified medication aide/operator in training) #C and Regional Corporate Nurse #I confirmed the TB solution not used and stored in accordance with facility policy to label TB solution vials when opened and discard after 30 days as directed by the manufacturer. By review of sampled Residents' medical records: #185 admitted 11/27/18 - no TB skin testing on file in medical record #189 - admitted 7/16/18 - skin testing from one vial on 9/12/18 and 9/24/18 (this vial labeled as delivered to facility 9/16/18, this vial still open/in use in refrigerator of medication room). #186 - admitted 7/02/18 - skin testing from one vial on 9/12/18 and 9/26/18 (this vial labeled as delivered to facility 9/16/18, this vial still open/in use in refrigerator of medication room). By review of employee files: #G - Licensed nurse - hired 9/25/18 - no TB testing located to identify lot number of TB solution #D - Certified medication aide - hired 9/05/18 - skin testing from one vial on 9/05/18 and 9/18/18 (this vial prescription label dated as delivered to facility 9/16/18, this vial still open/in use in refrigerator of medication room) #Z - Certified nurse aide - hired 11/26/18 - skin testing from one vial on 11/26/18 and 11/28/18 (this vial prescription label dated as delivered to facility 10/23/18, this vial still open/in use in	S3215		

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S3215	Continued From page 24 refrigerator of medication room) #X - Certified nurse aide - hired 10/20/18 - no TB testing located to identify lot number of TB solution The licensed nurses failed to store the TB solution used for Residents and Employee TB skin tests in accordance with manufacturer's recommendations to discard after 30 days in use. - On 12/12/18 at 5:00pm in Resident #189's room, observed a connected mouth piece and nebulizer (breathing treatment) machine on bed side table. Next to the nebulizer machine observed two medication vials of ipratropium/albuterol - a bronchodilator - one full and not opened, one opened and empty. In addition observed on kitchen counter next to sink, an open box of ipratropium/albuterol with one full vial inside. #189 stated staff puts the medicine in and then I do the treatment... every day early in the morning, at noon, and at bedtime... it is always sitting there... not sure why two doses/ampules of nebulizer medication on table beside unit. On 12/12/18 at 6:05pm Certified medication aide #J confirmed facility staff managed medications for #189 and administered all his/her medications... stated not sure why the medications on bed side table and kitchen counter and accessible to Resident and to others not authorized to administer medications. The licensed nurses and medications failed to ensure medications and biologicals accessible only to those authorized to administer.	S3215		

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S3215	Continued From page 25 - On 12/12/18 at 10:45am in Resident #185's room, observed two bottles of physician ordered eye drops (Systane) on bed side table, and partially used tubes of physician ordered topicals treatments (Zinc Oxide ointment and Proctozone HC 2.5% cream) in bathroom on counter next to sink. On 12/12/18 at 5:45am Certified medication aide #J confirmed facility staff managed medications for #185 and administered his/her medications... stated quite sure #185 is not able to self administer either the eye drops or the topicals. The licensed nurses and medications failed to ensure medications and biologicals accessible only to those authorized to administer.	S3215		
S3216 SS=E	26-41-205 (i) Disposition of Medication (i) Accountability and disposition of medications. Licensed nurses and medication aides shall maintain records of the receipt and disposition of all medications managed by the facility in sufficient detail for an accurate reconciliation. (1) Records shall be maintained documenting the destruction of any deteriorated, outdated, or discontinued controlled medications and biologicals according to acceptable standards of practice by one of the following combinations: (A) Two licensed nurses; or (B) a licensed nurse and a licensed pharmacist. (2) Records shall be maintained documenting the destruction of any deteriorated, outdated, or discontinued non-controlled medications and biologicals according to acceptable standards of practice by any of the following combinations:	S3216		

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S3216	Continued From page 26 (A) Two licensed nurses; (B) a licensed nurse and a medication aide; (C) a licensed nurse and a licensed pharmacist; or (D) a medication aide and a licensed pharmacist. This REQUIREMENT is not met as evidenced by: KAR 26-41-205(i) The census equalled 21 the sample included three Residents. The Resident roster identified 18 Residents with facility managed medications. Based on observation, interviews and reviews of records, for one of three sampled (#1064), one non-sampled (#1085), and all Residents with medication management, the Licensed nurses and Medication aides failed to maintain records of receipt and disposition of medications in sufficient detail for an accurate reconciliation according to acceptable standards of practice. Findings included: - Observations on 12/11/18 at 10:20am during the entrance tour of facility revealed a large see through plastic trash bag with an abundance of different forms of medications inside. Observations revealed a square aqua/blue plastic crate on the medication room counter, overflowing with plastic sleeves of medications. Most of these determined to have identifying information on the plastic sleeve, but also many without any identification of the medication. Certified medication aide #J confirmed the contents of these containers most likely waiting to	S3216		

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S3216	Continued From page 27 be destroyed, but not aware of any log or documentation of the contents of these containers. By review no explanation available for the assortment of medications. Surveyor, Certified medication #J, and Regional nurse #I cataloged the medications in these containers. On 12/12/18 Regional nurse #I and Resident Care Coordinator #G reviewed the contents of these containers - (in excess of 127 envelopes/plastic sleeves/cups of medications). This listing included: Medications for a Resident (#160) not included in the Resident Roster and not included in the discharged listing of Residents; Medications refused by Residents, Medications held due to vital signs outside parameters, Medications not sent with Residents on outings, Medications with dosage or direction changes, Medications of deceased Residents (10/28/18, 7/29/18), Medications "found", Medications that were loose and not identified, Medications pulled due to hospitalizations or discontinued. On 12/12/18 Company Floating Nurse #L provided newly prepared logs of these multiple discarded types of medications. #L stated we have now logged these and two nurses have destroyed them and signed the pages of logs... confirmed this process had not been carried out previously per facility policy. On 12/12/18 at 10:40am Company Floating Nurse #L stated we logged and destroyed medications on 12/10/18 like we do in all our buildings... put the meds themselves in the "Drug Buster" and the empty envelopes/packets in the	S3216		

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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: N046039	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____	(X3) DATE SURVEY COMPLETED 12/19/2018
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(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
S3216	Continued From page 28 shredder... the compiled assortment of medications on the medication room counter were rounded up by the Resident Care Coordinator #G on 12/11/18... confirmed the medications were not logged or identified... On 12/12/18 at 12:15pm Certified medication aide #J confirmed I signed and destroyed some medications on 12/10/18... other containers have been accumulating for some time... certified medication aides do not log the medications we just put them in there for the nurses to destroy... By confidential interview on 12/11/18 an individual stated there was a time staff just threw the pills in the trash instead of accumulating in a container in the medication room for destruction... not aware of any logs of the medications thrown a way or reason they were discarded... By review the facility policy and procedure titled "Disposal of Medications Discontinued Medications" documented: "When non-controlled medications are discontinued... medications are placed in a secured designated area for medication destruction and disposed of per federal and state regulations... it is written up on a record of medication destruction... placed in the designated place in the med room to await disposal... Licensed nurses and medication aides failed to maintain records of receipt and disposition of medications for #160, #189, #187, #185, and for all Residents in sufficient detail for an accurate reconciliation.	S3216		
S3310 SS=E	26-41-207 (b) (5-6) (c) Infection Control Policies	S3310		

Kansas Department on Aging

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S3310	Continued From page 29 (b) (5) prohibiting any employee with a communicable disease or any infected skin lesions from coming in direct contact with any 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(b)(5-6)(c) The census equalled 21 the sample included three Residents. The facility identified 74 employees hired since the last Resurvey with five of these reviewed, and five additional focused for TB testing. Based on interviews and reviews of records for two of three sampled (#185 and #189), and for three of five employees reviewed (#A, #B, and #C), the Operator failed to ensure the facility's compliance with the Departments' tuberculosis (TB) guidelines for adult care homes adopted by reference in K.A.R. 26-39-105. Findings included: - Review of employee records on 12/12/18 at 4:00pm with CMA/OIT (certified medication aide/operator in training) #C revealed the following:	S3310		

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S3310	Continued From page 30 #B - Certified nurse aide - hired 11/27/18 - no TB testing available, and no documentation regarding status of employee CMA/OIT #C stated status of employee questionable, did not return phone calls regarding finishing orientation) #C - CMA/OIT - hired 11/05/18 - no TB testing in facility at time of review... #C was able to obtain documentation of a two step skin test completed 4/22/16 and 5/12/16, and a TB symptom questionnaire completed 9/18/18. #E - Certified medication aide - hired 10/18/18 - no TB testing available, and no documentation regarding status of employee #G - Licensed nurse - hired 9/25/18 - no TB testing available as required #Z - Certified nurse aide - hired 11/26/18 - skin testing from one vial on 11/26/18 and 11/28/18 (this vial prescription label dated as delivered to facility 10/23/18, this vial still open/in use in refrigerator of medication room) #X - Certified nurse aide - hired 10/20/18 - no TB testing available as required - Review of Resident records on 12/11/18, 12/12/18, and 12/13/18, revealed the following: #185 - admitted 11/27/18 - 01/31/18 - TB symptom screen completed 11/29/18, no TB skin testing available as required #189 - admitted 7/16/18 - TB symptom screen completed 7/16/18, TB skin testing completed 9/12/18 and 9/24/18 and not within seven days of	S3310		

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S3310	Continued From page 31 admission as required On 12/12/18 at 1:30pm Resident Care Coordinator (RCC) #G confirmed no supporting documentation for TB testing in medical record for #185. On 12/12/18 at 3:00pm RCC #G and company Floating Nurse #L provided documentation of TB testing for #185 requested and faxed from another facility with TB skin test administered 10/04/18, no read date documented. The Operator failed to ensure the facility's compliance with the Department's TB guidelines for adult care homes for Resident #185, #189, and for employees #B, #C, #E, #G, #Z, and #X.	S3310		