

Kansas Department on Aging

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: N046038	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____	(X3) DATE SURVEY COMPLETED 12/03/2018
NAME OF PROVIDER OR SUPPLIER THE HOMESTEAD OF OLATHE SOUTH		STREET ADDRESS, CITY, STATE, ZIP CODE 751 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 are the result of a Licensure Resurvey at the above named Assisted Living Facility in Olathe, Kansas on 11/26/18, 11/27/18, 11/28/18, 11/29/18, and 12/03/18.	S 000		
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 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	S3028		

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

TITLE

(X6) DATE

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S3028	Continued From page 1 by: KAR 26-41-101(f)(3)(A)(B)(C)(D)(E)(F) The census equalled 33 the sample included three Residents. Based on interviews and reviews of records, 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: - #189 admitted to facility 9/19/18 with diagnoses of dementia, gastroesophageal reflux disease, major depressive disorder, manic episode with psychotic symptoms, bipolar, malaise, and hypothyroidism. The current 10/15/18 FCS (functional capacity screen) assessed #189 in need of physical assistance with bathing, dressing, toileting, transfers, mobility; in need of supervision with eating; unable to perform medication and treatment management, with bladder incontinence; with short term memory, long term memory, memory recall and decision making impairments; with falls/unsteadiness, wandering, used a walker and a wheelchair. The current 10/24/18 NSA/HSP (negotiated service agreement/health service plan) documented facility staff to provide services to meet these identified needs. Clinical notes included the following: 11/19/18 - 5:30am - staff entered room to administer medication and observed #189 on the	S3028		

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S3028	Continued From page 2 floor... stated was hurting all over and sat on floor... 10/15/18 - 8:30am - called to room to assess... #189 was sitting on the floor... he/she stated was trying to get up and slid to the floor... complained of hip pain... determined he/she has constant hip pain... 9/11/18 - 8:54pm - call from staff that #189 sitting on floor in apartment... he/she states "I was walking"... was not wearing shoes... walker not in use... 9/11/18 - 7:33pm - call from staff who walked into another Resident's room to give that Resident medication when staff observed #189 sitting on the floor in another Resident's apartment... stated he/she had sat down on floor, then stated he/she had fallen... wearing well fitting shoes and walker was next to him/her... 9/05/18 - 7:00pm - call from staff around 1625... staff unsure if #189 had fallen or put self on the ground... #189 was found by the 400 hallway almost to the med room... there was adequate lighting, had only right shoe on at this time... had not been using walker... 7/14/18 - 8:38pm - call from staff to inform #189 had fallen in the living room/front common area... FCS's of 12/15/17 and 6/27/18 also identified #189 with falls/unsteadiness. On 11/28/18 at 11:40am, Resident Care Coordinator #E and licensed nurse #M stated we document the investigation and follow-up changes in another software system called Risk Watch... we use it for our QA (quality assurance)	S3028		

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S3028	Continued From page 3 process. When asked if these notes a part of the Resident's legal medical record #E and #M stated if a copy of the record requested we could/would include that documentation. By review, the notes of Risk Watch provided, and a fall assessment analysis each re-stated the information above. These notes described time and date of falls, that the nurse was contacted, the assessment process for injuries, noted orders for follow-up urinalysis and medication adjustments, and follow-up notifications of family and physician. 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. 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		

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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 census equalled 33 the sample included three Residents. Based on interview and review of records, for one of three sampled (#185), the Operator failed to ensure the negotiated service agreement (NSA) identified each party responsible for payment if outside resources provide a service. Findings included: - By review #185 admitted to facility 12/29/17 with diagnoses of diabetes, depressive disorder, hypertension, atrial fibrillation, gastroesophageal	S3085		

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S3085	Continued From page 5 reflux disease, and osteoarthritis. The current 10/09/18 FCS (functional capacity screen) assessed #189 in need of physical assistance with bathing and unable to perform medication and treatment management. The current 10/11/18 NSA/HSP (negotiated service agreement/health service plan) documented facility staff to provide services to meet these identified needs. The medical record contained an 01/10/18 order for OT/PT/ST (occupational therapy, physical therapy, and speech therapy). The record included an 01/10/18 addendum to the NSA/HSP that included the service to be provided and the name of the outside provider, but lacked the payment source. The medical record contained a 10/10/18 order for OT/PT. The record included a 10/10/18 addendum to the NSA/HSP that included the service to be provided and the name of the outside provider, but lacked the payment source. On 11/27/18 at 1:06pm Resident Care Coordinator #E confirmed the addendums lacked the payment source for the therapy services ordered. The Operator failed to ensure the development of an NSA/HSP for #185 which included the payment source of the outside provider.	S3085		
S3211 SS=E	26-41-205 (g) (3) OVER THE COUNTER DRUGS (3) A licensed nurse or medication aide may	S3211		

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S3211	Continued From page 6 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. This REQUIREMENT is not met as evidenced by: KAR 26-41-205(g)(3) The census equalled 33 the sample included three Residents. The Resident roster identified three Residents who self administered medications. Based on interview and reviews of records, for one of three sampled (#189), and two of two non-sampled (#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 11/26/18 at 5:00pm, in review of the Assisted Living medication room and medication cart with Resident Care Coordinator #E and medication aide #H, the following noted to lack the first and last name of each Resident:	S3211		

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S3211	Continued From page 7 #170 - bottle of Centrum Silver multivitamin, and bottle of Tylenol 500mg (milligrams), and bottle of Allertec (antihistamine) #172 - bottle of Aspirin 81mg, bottle of Dairy relief #174 - Box of Restore Eye moisturizing single dose vials, Culturelle (probiotic) capsules #176 - Bottle of Tums (antacid) #178 - Bottle of Pepto Bismal (stomach upset), and bottle of Nexium (reflux) #180 - Bottle of Aspirin 81mg #185 - Bottle of Areds 2 (eye supplement vitamins) #182 - Bottle of AllerFlo (fluticasone allergy nose spray) On 11/26/18 at 5:00pm, Resident Care Coordinator #E confirmed these items lacked the first and last name of a Resident... medication aide #H stated I thought I just had to put the room number on them... The Operator failed to ensure 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=E	26-41-205 (h) Medication Storage (h) Storage. Licensed nurses and medication aides shall ensure that all medications and	S3215		

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S3215	Continued From page 8 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. (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 33 the sample included three Residents. The facility identified 28 employees hired since the last Resurvey. For one	S3215		

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S3215	Continued From page 9 of three available 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. Findings included: - By observation on 11/26/18 at 5:00pm, in the medication storage room of facility, the current in use vial of TB solution documented with an "opened date" of 4/05/18. The vial indicated the contents to be discarded 30 days after vial opened. By interview on 11/26/18 at 5:00pm, Resident Care Coordinator #E and Medication Aide #H confirmed vial opened in April 2018 and not discarded as required... confirmed the other two vials present intact and not open... not able to say how recently this open vial was used for Resident or employee testing... By review of sampled Resident #187's TB skin testing recorded on 10/10/18 and 10/29/18, the form lacked documentation of the Lot number and expiration date of the vial used for that testing. Unable to determine if the April 2018 vial or another not available vial used. No documentation available to demonstrate an additional vial of TB solution used for these skin tests. 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.	S3215		

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S3228	Continued From page 10	S3228		
S3228 SS=E	26-41-205 (I) (3) Medication Regimen Review Record (I) (3) The administrator or operator, or the designee, shall ensure that the medication regimen review is kept in each resident ' s clinical record. This REQUIREMENT is not met as evidenced by: KAR 26-41-205(I)(3) The census equalled 33 the sample included three Residents. Based on reviews of records and interviews, for two of three sampled (#189 and #185), and all non-sampled with facility managed medications and pharmacy drug regime reviews, the Operator failed to ensure the medication regimen reviews kept in each Resident's clinical record. Findings included: - #189 admitted to facility 9/19/18 with diagnoses of dementia, gastroesophageal reflux disease, major depressive disorder, manic episode with psychotic symptoms, bipolar, malaise, and hypothyroidism. The current 10/15/18 FCS (functional capacity screen) assessed #189 unable to perform medication and treatment management. The current 10/24/18 NSA/HSP (negotiated service agreement/health service plan) documented facility staff to provide medication and treatment management. - #185 admitted to facility 12/29/17 with	S3228		

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S3228	Continued From page 11 diagnoses of diabetes, depressive disorder, hypertension, atrial fibrillation, gastroesophageal reflux disease, and osteoarthritis. The current 10/09/18 FCS (functional capacity screen) assessed #189 unable to perform medication and treatment management. The current 10/11/18 NSA/HSP (negotiated service agreement/health service plan) documented facility staff to provide medication and treatment management. By review, each record included a note by the pharmacist of record review completed. The Residents' medical records lacked details of the reviews. On 11/27/18 at 1:50pm and at 2:03pm, Resident Care Coordinator #E confirmed notes specific to review not in medical record... they are in a folder in my office... the reviews for all Residents are compiled into a report to me from the pharmacist... the only time I get an individual note on each Resident is if there is physician response needed... if a copy of the Resident's record was needed we would redact the review information pertaining to other Residents. The Resident Care Coordinator #E provided pharmacist drug regime reviews from a folder in office... the pages of the compilation were noted to have multiple Resident names and findings on the same page. For all Residents with facility managed medications, and with pharmacist drug regimen reviews, the Operator failed to ensure the medication regimen reviews kept in each Resident's clinical record.	S3228		

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S3280	Continued From page 12	S3280		
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 26-41-104(d) The facility census equalled 33 the sample included three Residents. The facility identified 28 employees hired since the last Resurvey. Based on interviews and reviews of records, for all Residents and employees, the Operator failed to ensure disaster and emergency preparedness by conducting quarterly reviews of the facility's emergency management plan with employees. Findings included: - By observation on 11/26/18 during the entrance	S3280		

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S3280	Continued From page 13 tour of facility, a written emergency plan available in common living area of the facility. On 11/26/18 at 4:40pm and on 11/28/18 at 11:00am and at 1:15pm, review of available documentation related to emergency preparedness revealed: A notebook of monthly Resident Council meeting minutes, and an interview with Activity staff, revealed a review of the emergency management plan with Residents on a monthly basis. By review, facility staff participated in one inservice on 6/19/18 that dealt with the facility emergency preparedness policies. Two complete evacuation drills were recorded in January 2017 and August 2018. The available documentation lacked quarterly reviews of the entire emergency plan with employees as required. On 11/28/18 at 1:15pm Operator #B and Administrative assistant #C confirmed no quarterly emergency plan reviews completed with employees, besides the ones listed above... stated we will do one in December this year so we will have at least two this year... we will plan to do them quarterly from here on... For all Residents and employees, the Operator failed to ensure reviews of the facility's emergency management plan completed quarterly with both employees.	S3280			
S3290 SS=E	26-41-206 (a) (b) Dietary Services (a) Provision of dietary services. The administrator or operator of each assisted living	S3290			

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S3290	Continued From page 14 facility or residential health care facility shall ensure the provision or coordination of dietary services to residents as identified in each resident ' s negotiated service agreement. If the 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 26-41-206(b)(2) The census equalled 33 the sample included three Residents. All Residents received meal service. Based on interviews and reviews of records, for one of three sampled (#189) and two non-sampled with a Mechanical Soft diet order (#186 and #184), the Operator failed to ensure the provision or coordination of dietary services to the Resident, and, failed to ensure physician	S3290		

Kansas Department on Aging

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: N046038	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____	(X3) DATE SURVEY COMPLETED 12/03/2018
NAME OF PROVIDER OR SUPPLIER THE HOMESTEAD OF OLATHE SOUTH		STREET ADDRESS, CITY, STATE, ZIP CODE 751 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
S3290	Continued From page 15 ordered therapeutic diets prepared according to instructions from a medical care provider or licensed dietician. Findings included: - On 11/26/18 at 4:50pm in kitchen of facility during entrance tour, Kitchen Manager #D stated we have three ground meat diets and two chopped meat diets at this time... we usually use gravy over the meat for the consistency... we do not have written directions for preparation by a doctor or dietician... we only hire experienced cooks that know how to do those... Observations at this time revealed an orange posted sign of individual diet needs. Included on this list "Mechanical Soft diet with chopped meat", "Chopped meat", "No Strawberries", etc. - Review of record revealed #189 admitted to facility 9/19/18 with diagnoses of dementia, gastroesophageal reflux disease, major depressive disorder, manic episode with psychotic symptoms, bipolar, malaise, and hypothyroidism. The current 10/15/18 FCS (functional capacity screen) assessed #189 in need of physical assistance with bathing, dressing, toileting, transfers, mobility; in need of supervision with eating; unable to perform medication and treatment management; with bladder incontinence, with short term memory, long term memory, decision making and memory recall impairments, with falls/unsteadiness, used a walker and wheelchair. The current 10/24/18 NSA (negotiated service	S3290		

Kansas Department on Aging

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S3290	Continued From page 16 agreement) and Health Care Service Plan documented #189 to receive services to address needs identified on 10/15/18 FCS. The NSA documented #189 to receive a "Regular diet with chopped meats." Signed physician orders of 4/23/18 and 10/18/18 documented the order changed to Mechanical Soft with chopped meat and thin liquids." On 11/28/18 at 1:00pm dietary staff #J stated we do not have any mechanical soft diet orders at this time On 11/28/18 at 1:00pm, dietary staff #J, Resident Care Coordinator #E, and Nurse Consultant #F searched for written directions for the preparation of therapeutic diets but were unable to locate them. On 11/28/18 at 2:00pm Kitchen Manager #D reviewed available menus and books... he/she noted the menus in the books were for 2017... printed newer more current menus with some notations for "puree" specifics, but did not deal specifically with Mechanical Soft Diets. Kitchen Manager also provided a copy of an Internet resource he/she printed off after a corporate dietary meeting, entitled "Dysphagia Mechanically Altered Diet." This resource documented appropriate preparation considerations and directions for a mechanical soft diet, but lacked the signature of a facility dietician or a physician. The Operator failed to ensure the provision or coordination of dietary services to #189, #186, and #184, and, failed to ensure physician ordered therapeutic diets prepared according to instructions from a medical care provider or licensed dietician.	S3290		

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NAME OF PROVIDER OR SUPPLIER THE HOMESTEAD OF OLATHE SOUTH		STREET ADDRESS, CITY, STATE, ZIP CODE 751 N SOMERSET TERRACE OLATHE, KS 66062		
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S3299	Continued From page 17	S3299		
S3299 SS=E	26-41-206 (e) (1) Facility Food Storage (e) Food storage. Facility staff shall store all food under safe and sanitary conditions. (1) Containers of poisonous compounds and cleaning supplies shall not be stored in the areas used for food storage, preparation, or serving. This REQUIREMENT is not met as evidenced by: KAR 26-41-206(e)(1) The census equalled 33 the sample included three Residents. The facility provided meal services to all Residents. Based on observation and interview, for one of two kitchen observation, the Operator failed to ensure facility staff stored all food under safe and sanitary conditions. Findings included: - On 11/28/18 from 1:00pm to 1:10pm, in the kitchen of facility, observed a package of ground beef (approximately three or four pounds) in a silver mixing bowl on the food preparation island. By touch, the ground beef package soft and pliable. Next to the ground beef in a bowl, observed an uncovered salmon patty on a white saucer. On 11/28/18 at 1:05pm, dietary staff #J stated the meat was in the refrigerator yesterday to thaw... I put it in the bowl on the counter after breakfast this morning to finish thawing... I didn't put it in water because I didn't want it to get mushy... I am making sloppy joes for the evening meal today	S3299		

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S3299	Continued From page 18 with the hamburger... When asked about the salmon patty, dietary staff #J stated that is leftover from lunch... it is here for anybody who wants it or asks for it... Resident or staff they can have it... (earlier observation of noon meal service taking place shortly before 12:00pm in the dining room. Salmon patty on plate for an undetermined amount of time since meal service). The Operator failed to ensure dietary staff stored all food under safe and sanitary conditions.	S3299		