STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	N105014	A. BUILDING: _____ B. WING _____	10/29/2018

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
DELAWARE HIGHLANDS ASSISTED LIVING	12600 DELAWARE PARKWAY KANSAS CITY, KS 66109

(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 with attached complaints conducted on 10/23/18, 10/24/18 and 10/29/18 at the above named assisted living facility in Kansas City, KS.	S 000		
S3085 SS=E	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 facility census equaled 115 the sample included 6 residents. Based on record review and interview for 3 sampled residents (#123, 124, 127) the administrator failed to ensure the Negotiated Service Agreement (NSA) completed for residents who required health care services, is	S3085		

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE | TITLE | (X6) DATE

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S3085	Continued From page 1	S3085		

done in collaboration with the resident or the resident's legal representative and contained a description of the services the resident will receive, identify the provider of each service and identify each party responsible for payment if outside resources provide a service.

Findings included:

- Record review for resident #123 recorded admission date of 3/12/15 with diagnoses of: Diabetes mellitus type 2, group B strep, dementia, cardiac arrythmia, muscle weakness, hypertension, hyperlipidemia, glaucoma, hypothyroidism, and anxiety.

Functional Capacity Screen (FCS) dated 10/12/18 recorded resident required assistance with management of medications and treatments.

Negotiated Service Agreement/ Health care Service Plan (NSA/HCSP) dated 10/12/18 recorded facility staff to management medications and treatments and to do daily accu-checks.

Nursing progress notes dated 10/17/18 at 11:30am recorded "Resident returned to this facility .... PT/OT/ ST ordered (physical therapy/ occupational therapy and Speech therapy).

NSA lacked entry for an outside provider, including the name, services provided and party responsible for payment of the services.

Interview on 10/25/18 at 2:50pm with administrative nurse #B confirmed resident received outside provider services and NSA

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S3085	Continued From page 2 lacked entry for outside provider services. Record review for resident #124 recorded an admission date of 12/3/13 with diagnoses including: atrial fibrillation, dementia, coronary artery disease, chronic kidney disease, urinary tract infection, DHF (decompensated heart failure), MDD (major depressive disorder). Functional Capacity Screen (FCS) dated 7/24/18 recorded resident required assistance with: bathing, dressing, toileting, transfer, walk/mobility and management of medications and treatments. Negotiated Service Agreement/ health care service plan (NSA/HCSP) dated 7/26/18 recorded resident to receive staff assistance with bathing, dressing, toileting, transfer, walk/mobility and management of medications and treatments. Hospice to provide comfort medications. NSA lacked entry for Hospice as an outside provider, including the name, services provided and party responsible for payment of the services. Interview on 10/25/18 at 2:50pm with administrative nurse #B confirmed resident received outside provider services and NSA lacked entry for outside provider services. Record review for resident # 127 recorded admission date of 10/4/18 with diagnoses of: diabetes mellitus type 2, chronic obstructive pulmonary disease, history of lung cancer and coronary artery disease. FCS dated 9/28/18 recorded resident is independent with mobility and required assistance with management of treatments.	S3085		

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S3085	Continued From page 3 NSA/HCSP dated 9/28/18 recorded resident is independent with mobility and does self-management of treatments with PRN (as needed oxygen) for shortness of air. Interview on 10/25/18 at 10:25am with licensed nurse #D confirmed resident has an outside provider for PT/OT and skilled nursing and NSA lacked an entry for these outside services. For residents # 123, 124 and 127 the administrator failed to ensure the Negotiated Service Agreement (NSA) completed for residents who required health care services, is done in collaboration with the resident or the resident's legal representative and contained a description of the services the resident will receive, identify the provider of each service and identify each party responsible for payment if outside resources provide a service.	S3085		
S3155 SS=E	26-41-204 (a) Health Care Services . (a) The administrator or operator in each assisted living facility or residential health care facility shall ensure that a licensed nurse provides or coordinates the provision of necessary health care services that meet the needs of each resident and are in accordance with the functional capacity screening and the negotiated service agreement. This REQUIREMENT is not met as evidenced by:	S3155		

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S3155	Continued From page 4 KAR 26-41-204(a) The facility reported a census of 115 residents. The sample included 6 residents. Based on record review, observation and interview for 3 (#124, 127, 128) sampled residents requiring health care services, the administrator failed to ensure that a licensed nurse provides or coordinates the provision of necessary health care services that meet the needs of each resident and are in accordance with the functional capacity screening and the negotiated service agreement. Findings included: - Record review for resident #124 recorded an admission date of 12/3/13 with diagnoses including: atrial fibrillation, dementia, coronary artery disease, chronic kidney disease, urinary tract infection, DHF (decompensated heart failure), MDD (major depressive disorder). Functional Capacity Screen (FCS) dated 7/24/18 recorded resident required assistance with: bathing, dressing, toileting, transfer, walk/mobility and management of medications and treatments. Negotiated Service Agreement/ health care service plan (NSA/HCSP) dated 7/26/18 recorded resident to receive staff assistance with bathing, dressing, toileting, transfer, walk/mobility and management of medications and treatments. Observation on 10/25/18 at 2:00pm in resident's room revealed resident had a winged air mattress on his/her bed. (used to prevent rolling out of bed).	S3155		

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S3155	Continued From page 5 HCSP lacked an entry for resident use of a winged air mattress. Record review for resident # 127 recorded admission date of 10/4/18 with diagnoses of: diabetes mellitus type 2, chronic obstructive pulmonary disease, history of lung cancer and coronary artery disease. FCS dated 9/28/18 recorded resident is independent with mobility and required assistance with management of treatments. NSA/HCSP dated 9/28/18 recorded resident is independent with mobility and does self-management of treatments with PRN (as needed oxygen) for shortness of air. Observation on 10/25/18 at 2:10pm in resident's room revealed an electric scooter by the wall. HCSP lacked an entry for resident use of an electric scooter for mobility. Record review for resident #128 recorded admission date of 4/5/12 with diagnoses of: hypertension, congestive heart failure, atrial fibrillation, back pain, chronic renal failure and renal artery stenosis. FCS dated 10/18/18 recorded resident required assistance with transfer and walk/mobility. NSA/HCSP dated 10/18/18 recorded staff assist 1-2 with transfer and all mobility. Observation on 10/25/18 at 12:10pm in resident's room revealed a winged mattress on resident's bed.	S3155		

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S3155	Continued From page 6 HCSP lacked an entry for resident use of a winged mattress. Interview on 10/25/18 at 2:50pm with administrative nurse #B confirmed residents' HCSP lacked the entries for the specialized equipment for residents # 124, 127 and 128. For residents # 124, 127, 128, the administrator failed to ensure that a licensed nurse provides or coordinates the provision of necessary health care services that meet the needs of each resident and are in accordance with the functional capacity screening and the negotiated service agreement.	S3155		
S3166 SS=E	26-41-204 (e) Delegation of Duties (e) A licensed nurse may delegate nursing procedures not included in the nurse aide or medication aide curriculums to nurse aides or medication aides, respectively, under the Kansas nurse practice act, K.S.A. 65-1124 and amendments thereto. This REQUIREMENT is not met as evidenced by: KAR 26-42-204(e) The facility reported a census of 115 residents. The sample included 6 residents. Based on record review and interview for 1 sampled resident (#123) and 25 non-sampled residents requiring "blood sugar and insulin tracking " (blood sugar monitoring with an accu-check), a	S3166		

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S3166	Continued From page 7 nursing procedure not included in the medication aide curriculum, the administrator failed to ensure the licensed nurse delegated the procedure to medication aides under the Kansas nurse practice act, K.S.A. 65-1124 and amendments thereto. Findings included: - Record review for resident #123 recorded admission date of 3/12/15 with diagnoses of: Diabetes mellitus type 2, group B strep, dementia, cardiac arrythmia, muscle weakness, hypertension, hyperlipidemia, glaucoma, hypothyroidism, and anxiety. Functional Capacity Screen (FCS) dated 10/12/18 recorded resident required assistance with management of medications and treatments. Negotiated Service Agreement/ Health care Service Plan (NSA/HCSP) dated 10/12/18 recorded facility staff to management medications and treatments and to do daily accu-checks. October Medication administration record (MAR) recorded sliding scale insulin (Humalog Kwikpen) 4 times a day, with administration dosage based on accu-check results. Recorded as completed by staff 26 times. Observation on 10/24/18 at 4:05pm in nursing room, revealed certified staff # G perform blood glucose monitoring on resident #131. Personnel records for certified staff #E, hire date 8/17/17 and certified staff #F, hire date 5/16/18 lacked competency exams for blood glucose monitoring (accu-checks).	S3166		

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S3166	Continued From page 8 Interview on 10/24/18 at 4:05pm with licensed nurse #D confirmed certified staff #E and #F perform blood glucose monitoring on residents. He/she confirmed competency exams had not been completed on any certified medication aides for blood glucose monitoring. Email dated 10/29/18 from licensed nurse #B confirmed 26 residents received blood glucose monitoring by certified medication aides. For 26 residents who received blood glucose monitoring, residents requiring "blood sugar and insulin tracking " (blood sugar monitoring with an accu-check), a nursing procedure not included in the medication aide curriculum, the administrator failed to ensure the licensed nurse delegated the procedure to medication aides under the Kansas nurse practice act, K.S.A. 65-1124 and amendments thereto.	S3166		
S3200 SS=D	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	S3200		

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S3200	Continued From page 9 medication through the parenteral route. This REQUIREMENT is not met as evidenced by: KAR 26-41-205(d) The facility reported a census of 115 residents. The sample included 6 residents. Based on record review and interview for 1 residents (#124), the administrator failed to ensure all medications and treatments were administered in accordance with a medical care provider's written order, professional standards of practice and each manufacturer's recommendations. Findings included: - Record review for resident #124 recorded an admission date of 12/3/13 with diagnoses including: atrial fibrillation, dementia, coronary artery disease, chronic kidney disease, urinary tract infection, DHF (decompensated heart failure), MDD (major depressive disorder). Functional Capacity Screen (FCS) dated 7/24/18 recorded resident required assistance with management of medications and treatments. Negotiated Service Agreement/ health care service plan (NSA/HCSP) dated 7/26/18 recorded resident to receive staff assistance with	S3200		

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S3200	Continued From page 10 management of medications and treatments. Physician order sheet dated 10/11/18 recorded: change warfarin (blood thinner) to 3mg (milligrams) PO (by mouth) every evening. Discontinue Warfarin 4mg. October 2018 MAR (medication administration record) recorded: Warfarin 3mg administered at 5:00pm by staff on Tuesday, Thursday, Saturday and Sunday. October 2 through 23rd. Warfarin 4mg administered at 5:00pm by staff on Monday, Wednesday and Friday October 1 through 22nd. Interview on 10/24/18 at 3:05pm with licensed nurse #C confirmed he/she received the order, faxed it to the pharmacy and did not change it on the MAR. He/she confirmed resident received the 4mg dose since the 11th (5 doses). Observation in the medication cart revealed 3mg, 4mg and 1mg tablets of warfarin for the resident. For resident #124, the administrator failed to ensure all medications and treatments were administered in accordance with a medical care provider's written order, professional standards of practice and each manufacturer's recommendations.	S3200		
S3215 SS=E	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	S3215		

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S3215	Continued From page 11 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: K.A.R 26-41-205(h) The facility reported a census of 115 residents. The sample included 6 residents. For all residents, the administrator failed to ensure that licensed nurses and medication aides ensure that all medications and biologicals are securely and properly stored in accordance with each	S3215		

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S3215	Continued From page 12 manufacturer's recommendations or those of the pharmacy provider and with federal and state laws and regulations. Findings included: - Observation on 10/23/18 at 3:00 pm during facility tour, in the nurse's room refrigerator, revealed 5 bottles of Aplisol TPPD (tuberculin purified protein derivative) solution. One bottle was dated with the open date of 9/20/18 (3 days past destroy date), 2 bottles lacked open dates. All bottles had lot number 321478, Expiration date of 6/20. Observation on 10/23/18 at 3:20pm during facility tour of first floor medication cart narcotic box, revealed, for resident #124; Liquid Lorazepam concentrate (anxiety) 2mg/ml (milligrams/milliliter), 2 bottles: one sealed, filled 12/13/17 and one opened, filled on 11/21/17 and administered on 10/19/18. Label on the box read "36 degrees to 46 degrees, store at cold temperature" Medication was stored at room temperature (approximately 70 degrees). Interview on 10/23/18 at 3:20pm with licensed nurse # C stated the medication refrigerator does not lock, that is why the medications were in the locked narcotic box in the medication cart and not refrigerated. The medications were later destroyed. New facility medication storage and destruction policy dated 10/26/18 recorded: medications will be stored at the appropriate temperatures as recommended by the manufacturer.	S3215		

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S3215	Continued From page 13 For resident #124 and all residents who received Tuberculosis skin testing the administrator failed to ensure that licensed nurses and medication aides 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.	S3215		