

Kansas Department on Aging

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: N046056	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____	(X3) DATE SURVEY COMPLETED R 09/20/2018
NAME OF PROVIDER OR SUPPLIER SHAWNEE HEARTLAND ASSISTED LIVING		STREET ADDRESS, CITY, STATE, ZIP CODE 16207 MIDLAND DRIVE SHAWNEE, KS 66217		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
{S 000}	INITIAL COMMENTS The following citations represent the findings of a revisit for notice of assessment 18-125 and an abbreviated survey with complaint investigation 132424 at the above named assisted living facility conducted on 9-17-18, 9-18-18, 9-19-18 and 9-20-18.	{S 000}		
S3155 SS=D	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: KAR 26-41-204(a) The facility reported a census of 43 residents. The sample included 3 residents and 1 closed record review. Based on record review and interview for 1 (#1054) of 3 sampled residents, the operator failed to ensure a licensed nurse provided or coordinated the provision of necessary health care services that met the needs of the resident and were in accordance with the functional capacity screening and the negotiated service agreement. Findings included: - Record review for Resident #1054 revealed admission on 12-15-16 with	S3155		

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

TITLE

(X6) DATE

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S3155	Continued From page 1 diagnoses Acute Kidney Failure, cognitive Communication Deficit, Hypertension, Hypomagnesemia, and Rhabdomyolysis. The Functional Capacity Screen dated 7-25-18 recorded the resident required physical assistance with bathing, dressing, toileting, transfers and walking/mobility; independent with eating; and unable to perform management of medications/treatments. Occassionally incontinent of bladder. Cognition: problems with short term memory and decision-making. No problems with communication. Current problems identified included falls and impaired decision-making. Uses a wheelchair. The Negotiated Service Agreement/Health Care Service Plan (NSA/HCSP) dated 7-25-18 recorded the following services: Bathing: assistance with bathing lower body and per-area at all times twice weekly. Dressing: full body assist with dressing and undressing at all times. Continence/Toileting: Continent - incontinence products used (briefs) at all times. Assistance of 1 staff required at all times. Transfers: assistance of 1 staff required at all times. Mobility: Assistance of 1 staff required at all times. Uses wheelchair or walker. Safety: Resident is a risk for falls. No interventions documented. The NSA/HCSP lacked interventions to address resident's fall risk. Nurse's Notes: Resident experienced a fall on 7-1-18 which resulted in a right ankle fracture and was surgically repaired. Resident went to another	S3155			

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S3155	Continued From page 2 facility for rehabilitation and returned to this facility on 7-25-18. 7-25-18 at 11:25 am: "Resident returned to facility from (another facility). Resident requires x1 assist with tranfers, toileting, dressing and bathing...Cast on right foor from right ankle fracture..." Signed by Licensed Staff C. 7-26-18 at 10:11 am: "Resident had fall in room on 7-25-18 at 7:40 pm . Used call light to notify staff that she had slipped out of bed...stated he/she was attempting to get out of bed to use bathroom and slid onto the floor...educated resident to call for assistance before attempting to get out of bed." Signed by Licensed Staff C. 7-26-18 at 11:02 am: "Resident had fall in room at 9:45 am. Resident was attempting to get out of bed to go to the bathroom and slid onto the floor...Resident did not have pendant at time of fall. This nurse gave resident pendant and instructed him/her to wear at all times..." Signed by Licensed Staff C. 7-26-18 at 2:00 pm: "Resident had fall in room at 1:20 pm. He/she stated was heading to the bathroom when he/she slid out of wheelchair onto the bathroom floor...Family has put signs throughout resident's room reminding resident to call for assistance before getting up." Signed by Licensed Staff C. 7-30-18 at 10:35 am: "Resident had fallen on 7-28-18 at 9:30 am. Resident states he/she was trying to get out of bed and slid onto the floor. Staff reminded resident that he/she needs to wait for staff before getting out of bed...Resident had a second fall at 1:45 pm in his/her bathroom. Stated he/she got up to use the bathroom and fell off of the toilet..." Signed by Licensed Staff C. 8-2-18 at 6:04 pm: "Resident pressed pendant at 7:30 pm. Certified NURse Aide went to room and found residnet on his/her bottom next to bed. Resident statged he/she was attempting to go to	S3155			

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S3155	Continued From page 3 the bathroom and slid out of bed onto the floor...Staff assisted up into wheelchair and gave instructions to press call light when needing assistance..." Signed by Licensed Staff C. 8-16-18 at 12:35 pm: "Resident had fall in room around 10:36 am this morning. Stated he/she was attempting to get out of bed and slid out... Staff instructed resident to use pendant to get assistance getting in and out of bed." Signed by Licensed Staff C. Observation of Resident #1054 on 9-18-18 at 11:15 am revealed resident to be mobile per wheelchair. Confirmed he/she had fallen and stated it occurred "3 weeks ago." Resident did not remember going to the hospital, having surgery or the stay in rehab afterwards. Interview on 9-18-18 at 1:19 pm with Licensed Staff C confirmed he/she had not performed a root cause analysis of the falls to determine possible causes of the falls. Upon review of the NSA/H CSP, confirmed the plan lacked any interventions to address resident's fall risk. Further confirmed the resident required physical assistance with toileting and the HCSP lacked specific instructions to staff regarding a routine toileting schedule. Also confirmed resident is forgetful, unable to remember to use the call light and reminders to use the call light have proven ineffective in reducing falls. For Resident #1054, the operator failed to ensure a licensed nurse provided or coordinated the provision of necessary health care services to address resident's fall risk.	S3155		
S3171 SS=D	26-41-204 (i) Health Care Services Standards of Practice	S3171		

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S3171	Continued From page 4 (i) All health care services shall be provided to residents by qualified staff in accordance with acceptable standards of practice. This REQUIREMENT is not met as evidenced by: KAR 26-41-204(i) The facility reported a census of 43 residents. The sample included 3 residents, and one closed record review. Based on record review and interview for 1 (#1055) of 3 sampled residents, the operator failed to ensure all health care services shall be provided to residents by qualified staff in accordance with acceptable standards of practice. Findings included: - Record review for Resident #1055 revealed admission on 6-20-12 with diagnoses Depression, Hypertension, Hyperlipidemia, Hypothyroidism, Left Ankle Fracture, Lumbar Spinal Stenosis, Neuropathy, Peripheral Vascular Disease and Thrombocytosis. The Functional Capacity Screen dated 3-28-18 recorded resident required physical assistance with bathing, dressing, toileting, transfer, management of medications/treatments; supervision with walking/mobility. Occasionally incontinent of bladder. Cognition: problems with short-term memory and memory/recall. The Negotiated Service Agreement/Health Care Service Plan (NSA/H CSP) dated 3-28-18 stated: Continence/Toileting: Incontinent of bladder	S3171		

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S3171	Continued From page 5 intermittently. Toileting assistance required staff at all times with one staff. Medication Management: Family will provide all medications and pre-fill medication box weekly. Physician Order dated 8-8-18 and faxed to facility at 2:55 pm: Urinalysis; Culture urine with sensitivity. Interviews on 9-18-18 at 9:55 am and 11:10 am with Licensed Staff C confirmed facility lacked policies and procedures for obtaining, storing or notifying the lab for pick-up of unscheduled of lab specimens. Stated resident's family member felt the resident's urine "smelled differently" and called the resident's physician to report this change. The physician's office faxed over an order for the urinalysis. Stated staff "made several attempts" to get the urine sample but as resident was "frequently incontinent", they were unsuccessful. Confirmed the sample was not sent to the lab until 6 days after it was ordered on 8-14-18. Stated Administrative Staff B "went and sat with the resident 30-40 minutes to get the sample." For resident #1055, the operator failed to ensure all health care services shall be provided to residents by qualified staff in accordance with acceptable standards of practice when licensed staff failed to either obtain a urine specimen in a timely manner.	S3171			
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	S3200			

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S3200	Continued From page 6 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 facility reported a census of 43 residents. The sample included 3 residents and 1 closed record review. Based on record review and interview for 1 (#1056) closed record review, the operator failed to ensure all medications and biologicals are administered to the resident in accordance with a medical care provider's written order and professional standards of practice when the resident failed to receive medications as ordered by the physician. Findings included: - Record review for resident #1056 revealed admission on 7-26-18 with diagnoses Decompensated Liver Cirrhosis and Chronic Kidney Disease Stage 3. The Functional Capacity Screens (FCS) dated	S3200		

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S3200	Continued From page 7 7-26-18 recorded resident unable to perform management of medications and treatments. The Negotiated Service Agreement/Heath Care Service Plan dated 7-26-18 recorded medication management services: Registered Nurse, Licensed Practical Nurse, Certified medication aide will administer all medications per physician orders. Pharmacy to provide and deliver medications. Review of Medication Administration Record (MAR) for July 2018 revealed the following medications lacked documentation of administration: Lactulose solution 10 grams per 15 milliliters (Hepatic Encephalopathy) Take 30 ml three times a day. Lacked documentation of administration on 7-28-18 (2 pm); 7-29-18 (8 am and 2 pm) and 7-31-18 (2 pm and 8 pm). Melatonin 3 mg (milligrams), Take 1 tab (tablet) at bedtime for insomnia. Lacked documentation of administration on 7-31-18 at 8 pm. Miralax 17 grams in 8 ounces of water twice a day for constipation. Lacked documentation of administration on 7-18-18 (8 am); 7-19-18 (8 am); 7-31-18 (5 pm). Rifaximin 550 mg, take 1 tab every 12 hours for Hepatic Encephalopathy. Circled as not administered on 7-27-18 (8 am and 8 pm); and at 8 pm on 7-28-18, 7-29-18 and 7-30-18. Lacked documentation of administration on 7-29-19 (8 am); and 7-31-18 (8 pm). Tiotropium (bronchodilator) 18 microgram inhaler 1 capsule in inhaler once daily. Lacked documentation of administration on 7-28-18 (8 am) and 7-29-18 (8 am). Back of MAR lacked documentation as to why medications were not given.	S3200		

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S3200	Continued From page 8 Review of MAR for August 2018 revealed the following medications lacked documentation of administration: Melatonin 3 mg, Take 1 tab at bedtime for insomnia. Lacked documentation of administration on 8-3-18, 8-19-18 and 8-20-18. Circled as not administered on 8-14-18, 8-21-18 and 8-22-18. Miralax 17 grams in 8 ounces of water twice a day for constipation. Circled as not administered on 8-14-18 (8 am and 5 pm), 8-15-18 (8 am), 8-18-18 (5 pm), 8-19-18 (8 am), 8-21-18 (8 am and 5 pm) and 8-22-18 (5 pm). Lacked documentation of administration on 8-18-18 (8 am); 8-19-18 (5 pm); 8-20-18 (8 am and 5 pm); 8-22-18 (8 am) and 8-22-18 (8 am). Lactulose solution 10 grams per 15 milliliters (Hepatic Encephalopathy) Take 30 ml three times a day. Lacked documentation of administration on 8-7-18 (2 pm); 8-18-18 (8 am and 2 pm); 8-19-18 (8 pm); 8-20-18 (8 am, 2 pm and 8 pm); 8-22-18 (8 am, 2 pm). Circled as not administered on 8-14-18, 8-15-18 (8 am and 2 pm); 8-19-18 (8 am and 2 pm); 8-21-18, and 8-22-18 (8 pm). Xifaxan 550 mg, Take 1 tab every 12 hours for Hepatic Encephalopathy. Lacked documentation of administration on 8-3-18 (8 pm). Circled as not given on 8-4-18 (8 pm); 8-5-18 (8 pm); and 8-6-18 (8 pm). Documentation on back of MAR stated: 8 pm on 8-3-18, 8-4-18, and 8-5-18 not given, medication not in cart. Fentanyl Patch (narcotic pain reliever) 12 micrograms per hour. Apply patch to adipose tissue. Change every 72 hours. Circled as not administered on 8-8-18, 8-11-18, 8-14-18. Documentation on back of MAR stated "8-8-18 patches not available."	S3200		

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S3200	Continued From page 9 Interview on 9-18-18 at 10:50 am with Licensed Staff C confirmed the above entries lacked documentation of administration or were circled as not administered with no reason documented on back of the MAR per standards of practice. Confirmed the Fentanyl was never administered due to requirement for prior authorization. Confirmed the record lacked documentation of notification of physician that resident was not receiving the medication as ordered. Stated the Xifaxan (Rifaximin) came in a bottle and staff had access to it as the bottle was stored in the medication cart. Stated he/she had not been notified by certified medication aides that some of the medications were unavailable. Facility policy and procedures for Medication Management lacked a procedure for CMAs to follow if a medication was unavailable or could not be found. For Resident #1056, the operator failed to ensure all medications and biologicals were administered to the resident in accordance with a medical care provider's written order and professional standards of practice when the resident failed to receive medications as ordered by the physician.	S3200			
{S3261} SS=D	26-41-105 (f) (11) Resident Record Documentation of Incidents (f) (11) documentation of all incidents, symptoms, and other indications of illness or injury including the date, time of occurrence, action taken, and results of the action	{S3261}			

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{S3261}	Continued From page 10 This REQUIREMENT is not met as evidenced by: KAR 26-41-105(f)(11) The facility reported a census of 43 residents. The sample included 3 residents and 1 closed record review. Based on record review and interview for 1 (#1055) of 3 sampled residents, the operator failed to ensure documentation of symptoms and other indications of illness including the date, time of occurrence, action taken and results of the action. Findings included: - Record review for Resident #1055 revealed admission on 6-20-12 with diagnoses Depression, Hypertension, Hyperlipidemia, Hypothyroidism, Left Ankle Fracture, Lumbar Spinal Stenosis, Neuropathy, Peripheral Vascular Disease and Thrombocytosis. The Functional Capacity Screen dated 3-28-18 recorded resident required physical assistance with bathing, dressing, toileting, transfer, management of medications/treatments; supervision with walking/mobility. Occasionally incontinent of bladder. Cognition: problems with short-term memory and memory/recall. The Negotiated Service Agreement/Health Care Service Plan (NSA/HCSP) dated 3-28-18 stated: Continence/Toileting: Incontinent of bladder intermittently. Toileting assistance required staff at all times with one staff. Medication Management: Family will provide all medications and pre-fill medication box weekly. Physician Order dated 8-8-18 and faxed to facility at 2:55 pm: Urinalysis; Culture urine with	{S3261}			

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{S3261}	Continued From page 11 sensitivity. Interviews on 9-18-18 at 9:55 am and 11:10 am with Licensed Staff C confirmed the resident was found to have a urinary tract infection on 8-14-18. Further confirmed he/she failed to perform and document an assessment for signs and symptoms of a urinary tract infection in the resident's record once he/she was notified of the family member's concern and upon receipt of the physician's faxed order for a urinalysis. For Resident #1055, the licensed nurse failed to perform and document and assessment for symptoms or other indications of illness when the resident experienced a urinary tract infection.	{S3261}			