

Kansas Department on Aging

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: N046068	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____	(X3) DATE SURVEY COMPLETED 08/30/2018
NAME OF PROVIDER OR SUPPLIER THE GABLES AT OVERLAND PARK		STREET ADDRESS, CITY, STATE, ZIP CODE 11701 NIEMAN ROAD OVERLAND PARK, KS 66210		
(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 re-survey for licensure with attached complaints, conducted on 8/29/18, 8/30/18 and 9/4/18 at the above assisted living/ residential care facility in Overland Park, KS.	S 000		
S3092 SS=D	26-41-202 (d) Negotiated Service Agreement Revisions (d) Each administrator or operator shall ensure the review and, if necessary, revision of each negotiated service agreement according to the following requirements:(1) At least once every 365 days; (2) following any significant change in condition, as defined in K.A.R. 26-39-100; (3) at least quarterly, if the resident receives assistance with eating from a paid nutrition assistant; and (4) if requested by the resident or the resident ' s legal representative, facility staff, the case manager, or, if agreed to by the resident or the resident ' s legal representative, the resident ' s family. This REQUIREMENT is not met as evidenced by: KAR 26-41-202 (d) (1)(2) The facility reported a census of 44 residents. The sample included 3 residents and one focus review resident. Based on record review and interview for 1 sampled resident (#830) the administrator failed to ensure the review, and if necessary, revision of the negotiated service agreement at least once every 365 days and following any significant change.	S3092		

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

TITLE

(X6) DATE

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S3092	Continued From page 1 Findings included: - Record review for resident #830 recorded admission date of 12/31/14 with diagnoses of: Lumbago, cerebrovascular accident, diabetes mellitus, hyperlipidemia, hypertension, seizures and chronic kidney disease. Functional Capacity Screen (FCS) dated 12/30/17 recorded resident required assistance with management of medications and treatments. Negotiated Service Agreement/ Health Care Service Plan (NSA/H CSP) dated 12/30/17 recorded RN (registered nurse), LPN (licensed practical nurse) or CMA (certified medication aide) will administer specific medications. (specify all medications administered by resident): Nystatin powder (antifungal) debrox (ear wax drops) fiber tabs (bowel management), loratadine (allergies), olopatadine (eye drops/allergies), Pro Air (asthma) and Rulox (stomach acid). Interview on 8/30/18 at 10:00am with resident stated he/she no longer administered own medications, "I used to but now [certified staff #C] does them now." Interview on 8/30/18 at 12:30pm with licensed nurse #B confirmed resident no longer administered his/her own medications since May. Confirmed NSA/H CSP had not been updated and should have been updated with the 5/1/18 readmission addendum and 5/1/18 addendum confirmed as lacking medication administration by staff.	S3092		

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S3092	Continued From page 2 For resident #830 the administrator failed to ensure the review, and if necessary, revision of the negotiated service agreement following any significant change.	S3092		
S3130 SS=D	26-41-203 (d) Special Care Services (d) Special care. Any administrator or operator of an assisted living facility or residential health care facility may choose to serve residents who do not exceed the facility ' s admission and retention criteria and who have special needs in a special care section of the facility or the entire facility, if the administrator or operator ensures that all of the following conditions are met: (1) Written policies and procedures are developed and are implemented for the operation of the special care section or facility. (2) Admission and discharge criteria are in effect that identify the diagnosis, behavior, or specific clinical needs of the residents to be served. The medical diagnosis, medical care provider ' s progress notes, or both shall justify admission to the special care section or the facility. (3) A written order from a medical care provider is obtained for admission. (4) The functional capacity screening indicates that the resident would benefit from the services and programs offered by the special care section or facility. (5) Before the resident ' s admission to the special care section or facility, the resident or resident's legal representative is informed, in writing, of the available services and programs that are specific to the needs of the resident. (6) Direct care staff are present in the special care section or facility at all times. (7) Before assignment to the special care section	S3130		

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S3130	Continued From page 3 or facility, each staff member is provided with a training program related to specific needs of the residents to be served, and evidence of completion of the training is maintained in the employee's personnel records. (8) Living, dining, activity, and recreational areas are provided within the special care section, except when residents are able to access living, dining, activity, and recreational areas in another section of the facility. (9) The control of exits in the special care section is the least restrictive possible for the residents in that section. This REQUIREMENT is not met as evidenced by: K.A.R. 26-41-203 (d)(4) The facility reported a census of 44 residents. The sample included 3 residents and one focus review resident. Based on record review, observation and interview for 1 (#829) sampled resident, the administrator failed to ensure the resident's functional capacity screening indicated that the resident would benefit from the services and programs offered by admission to the special care services (memory) unit. Findings included: - Record review for resident #829 recorded an admission date of 2/1/14 with diagnoses of: left hip replacement, muscle weakness, atrial fibrillation, hypertension, anorexia, senile depression, malnutrition and urinary incontinence.	S3130		

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S3130	Continued From page 4 Functional Capacity Screen (FCS) (most recent) dated 2/12/18 recorded resident required assistance with bathing, dressing, toileting, transfer, walk/mobility and eating. Resident unable to perform management of medications and treatments and was incontinent. Resident had no problems with long term memory, short term memory, decision making, wandering or communication. Resident had minimal problems (1) with memory recall. Negotiated Service Agreement/Health Care Service Plan (NSA/H CSP) (most recent) recorded resident to receive, 2- person physical assistance for bathing, dressing, toileting and transfers. Resident to receive, 1-person physical assistance for walk/mobility eating and management of medications and treatments. Resident is alert and oriented to self, place and time or situation. Nurses notes dated 2/6/18 11:30am: "Patient readmit today to ALF (assisted living facility) ... patient max assist with ADL's (activities of daily living) ... May need to consider moving patient to residential care unit (RCU) side of facility related to transfers requiring 2-3 people" signed by licensed nurse #B. Nurses notes dated 3/1/18 1:00pm: Received new order, [doctor] okay for patient to move over to our RCU related to care exceeds ALF (assisted living facility) ..." signed by licensed nurse #B. Physician's order dated 3/1/18 recorded "Provide two-person assist for transfers. Admit to RCU for care needs exceeding AL (assisted living)." Nurses notes dated 4/5/18 at 2:00pm: "Patient readmit today ... has excoriation to buttocks"	S3130		

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S3130	Continued From page 5 Signed by licensed nurse #B. Nurses notes dated 4/13/18 11:00am: "Patient moved with all belongings to RCU [room #] of facility related to care needs." signed by licensed nurse #B. Nurses notes dated 4/15/18 2:00pm: "Patient adjusting. Doesn't understand at times why he/she moved - writer and director restates his/her care exceeds ALF manageability." Signed by licensed nurse #B Observation on 8/30/18 at 11:17am in resident's room revealed resident in bed on the locked residential unit (unit locked with a keypad code lock from both sides), with [outside provider nurse] present providing care. Observation revealed resident to be alert, talkative and able to make needs known as he/she requested a family photograph, adjustment of the television volume, and requested not to be interviewed at that time as he/she did not feel well. Observation on 8/30/18 at 12:20 pm revealed resident independently eating at a table in the dining room of the locked unit, another resident screams out/ sings loudly and repeatedly at another table, other residents eat, tap the table and/or move about while eating. Interview on 8/30/18 at 12:20pm with resident, when asked if he/she liked it on the unit, he/she shook his/her head 'no' stating, "I wish it was all one place together." When asked if he/she would rather be on the other side [unlocked assisted living unit] he/she replied "Oh, yes I would." Interview on 8/30/18 at 1:10pm with licensed nurse #B stated resident is on the memory care	S3130		

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S3130	Continued From page 6 unit "Mostly for level of care. We can staff heavier over there. He/she is unable to help with transfers, that's the main issue." He/she confirmed memory unit (RCU) staffs 2-3 people on day and evening shifts and 2 on night shift. Interview on 8/30/18 at 1:15pm with facility administrator #A confirmed the locked unit is a "memory care unit" [a locked unit designed to care for residents with cognitive impairment requiring 24-hour supervision.] He/she confirmed assisted living admission criteria exist "But if they change after admission here we let them stay as long as we can meet their needs." Assisted living residency agreement requirements for admission state: "#9: the resident must not have any ongoing condition requiring a two-person transfer or any ongoing skilled nursing intervention needed 24 hours a day for an extended period of time." Facility "memory care" admission policy recorded the following: "Consideration of admission to the Special Care Unit will occur after a thorough assessment process has been completed on the following criteria: #5: The individual is cognitively impaired and requires 24-hour structure and supervision." For resident #829 the administrator failed to ensure the resident's functional capacity screening indicated that the resident would benefit from the services and programs offered by admission to the special care services (memory) unit and placed the resident in the memory unit when resident was not cognitively impaired.	S3130		

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S3175	Continued From page 7	S3175		
S3175 SS=D	26-41-205 (a) (1) Self Administration of Medication (a) Self-administration of medication. Any resident may self-administer and manage medications independently or by using a medication container or syringe prefilled by a licensed nurse or pharmacist or by a family member or friend providing this service gratuitously, if a licensed nurse has performed an assessment and determined that the resident can perform this function safely and accurately without staff assistance. (1) An assessment shall be completed before the resident initially begins self-administration of medication, if the resident experiences a significant change of condition, and annually. This REQUIREMENT is not met as evidenced by: KAR 26-41-205 The facility reported a census of 44 residents. The sample included 3 residents and 1 focus review resident. Based on record review, observation and interview for 1 focus review resident (#832), the administrator failed to ensure the resident could perform medication self-administration safely and accurately without staff assistance. Findings included: - Record review for resident #832 recorded	S3175		

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S3175	Continued From page 8 admission date of 11/15/17 with diagnoses including: dementia, gastroesophageal reflux disease, hyperlipidemia, major depression, diabetes and anemia. Functional Capacity Screen dated 11/15/17 recorded resident required assistance with management of medications and treatments. Resident has problems with cognition: long term memory (1), memory recall (1) and decision making (1). Negotiated service agreement/health care service plan (NSA/HCSP) dated 11/15/17 recorded: medication management: "RN/LPN (registered nurse/ licensed practical nurse) or CMA (certified medication aide) staff will administer all medications per MD (medical doctor) orders. If nurse unavailable resident may self- inject insulin per MD orders, CMA maximum assist with setup and dialing of pen." Medication administration record for August 2018 recorded: Novolog mix 70/30 flexpen (insulin) inject 15 units subcutaneously 3 times daily before meals. Initialed by certified staff as administered 66 times. Interview on 8/30/18 at 12:20pm with certified staff #C stated "I set it up for him/her (insulin pen) and he/she inject it. He/she will ask every time, "push this?" I tell him/her yes and he/she does it. He/she gets a mix." Resident record lacked an assessment for ability to safely self-inject insulin. Interview on 8/30/18 at 12:40pm with licensed nurse #B confirmed a self-administration assessment for insulin injection has not been	S3175		

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S3175	Continued From page 9 completed on the resident. For resident #832, the administrator failed to ensure the resident could perform medication self-administration safely and accurately without staff assistance.	S3175		
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. This REQUIREMENT is not met as evidenced by: KAR 26-41-205(g) (3) The facility reported a census of 44 residents. The sample included 3 residents and one focus review resident. The resident roster identified 40 residents as receiving medication management. Based on observations and interviews for 40 residents, the administrator failed to ensure a licensed nurse or licensed pharmacist placed the full name of the resident on packages of over-the-counter medications.	S3211		

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S3211	Continued From page 10 Findings included: - Observation on 8/29/18 at 1:27pm during facility tour of medication cart in locked residential care unit, with certified staff #D, locked cart contained 15 bottles of stock OTC medications (over the counter) including: Kirkland brand Ibuprofen (pain) 200 mg (milligrams), 500 tablets, "#5 417R" written on the lid Solaray brand Vitamin C (supplement) 500mg, 250 tablets, "#5 8-20-18" written on the lid. Country life brand magnesium (supplement) 300mg, 120 tablets, "pm" written on lid NOW brand GABA (gamma-aminobutyric acid) (supplement) 500 mg, 250 capsules, "I 3/23/15" written on lid. Spring Valley brand Cascara Sagrada (constipation) 100 capsules. The OTC bottles lacked the full name of the residents. Observation on 8/29/18 at 2:00pm during facility tour of medication carts in unlocked assisted living unit with licensed nurse #B, locked carts contained the following OTC medications: West hall medication cart: 11 bottles/boxes of OTC medications including: Equate brand ASA (aspirin) (pain/fever) 81mg, 300 tablets "B 6/23/18" written on bottle.	S3211		

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S3211	Continued From page 11 Natural factors brand Magnesium citrate (laxative) 150 mg, 50 caplets, "[first name] #22" written on lid. Equate brand Colace (stool softener) 100mg, 60 soft gels. "#16" on cap. East hall Medication Cart: 9 bottles/boxes of OTC medications including: Walgreens Senna S (laxative) 200 tablets, "[room number on lid]. Equate brand Acetaminophen (pain/fever) 325mg, 100 tablets, "#1, [initials] 7/3/18" written on lid. The OTC bottles/boxes lacked the full name of the residents. For 40 residents, who received medication management, the administrator failed to ensure a licensed nurse or licensed pharmacist placed the full name of the resident on packages of over-the-counter medications.	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	S3215		

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S3215	Continued From page 12 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)(1) The facility reported a census of 44 residents. The sample included 3 residents and one focus review resident. For all residents, the administrator failed to ensure that licensed nurses or medication aides stored non-controlled medications and biologicals managed by the facility in a locked medication room, cabinet, or medication cart. Based on record review, interview and observation for 1 resident sampled (#830) and 1 non-sampled resident (#833). Findings included:	S3215		

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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: N046068	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____	(X3) DATE SURVEY COMPLETED 08/30/2018
NAME OF PROVIDER OR SUPPLIER THE GABLES AT OVERLAND PARK		STREET ADDRESS, CITY, STATE, ZIP CODE 11701 NIEMAN ROAD OVERLAND PARK, KS 66210		
(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
S3215	Continued From page 14 Medications managed by the facility were not properly stored in a locked compartment. Observation on 8/29/18 at 1:22pm during tour of locked residential care unit with facility administrator #A, in an unlocked public restroom in an unlocked cabinet drawer, a bottle of Nystatin powder (anti-fungal) 100,000 units/ gram, to groin, topically 3 times daily; ½ full, expiration date 9/19. For resident #833. Interview on 8/29/18 at 1:22pm with certified staff #D stated he/she accidentally left the medication there after applying it to the resident this morning. Medications managed by the facility were not properly stored in a locked compartment. For all residents of the facility, the administrator failed to ensure that licensed nurses or medication aides stored non-controlled medications and biologicals managed by the facility in a locked medication room, cabinet, or medication cart. Based on record review, interview and observation for 1 resident sampled (#830) and 1 non-sampled resident (#833).	S3215		