STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	N046102	A. BUILDING: _____ B. WING _____	04/03/2018

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
THE SHERIDAN AT OVERLAND PARK	10300 INDIAN CREEK PARKWAY OVERLAND PARK, KS 66210

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S 000	INITIAL COMMENTS The following citations are the result of a licensure re-survey with attached complaints conducted at the above named assisted living facility in Overland Park , KS on 3/26/18, 3/27/18, 3/28/18, 3/29/18, 4/2/18 and 4/3/18.	S 000		
S 105 SS=F	26-39-103 (b) Exercise of Resident Rights (b) Exercise of rights. (1) The administrator or operator shall ensure that each resident is afforded the right to exercise the resident ' s rights as a resident of the adult care home and as a citizen. (2) The administrator or operator shall ensure that each resident is afforded the right to be free from interference, coercion, discrimination, or reprisal from adult care home staff in exercising the resident's rights. (3) If a resident is adjudged incompetent under the laws of the state of Kansas, the resident ' s legal representative shall have the power to exercise rights on behalf of the resident. (4) In the case of a resident who has executed a durable power of attorney for health care decisions, the agent may exercise the rights of the resident to the extent provided by K.S.A. 58-625 et seq. and amendments thereto. This STANDARD is not met as evidenced by: K.A.R. 26-39-103(b)(2) The facility reported a census of 58 residents. The sample included 4 residents, 3 focus review residents and 2 closed chart review residents. Based on interviews for all residents, the administrator failed to ensure each resident shall have the right to be free from interference, coercion, discrimination or reprisal from adult	S 105		

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

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S 105	Continued From page 1 care home staff in exercising the resident's rights. Findings included: - Interview on 3/27/18 at 3:16pm with confidential resident stated "We are not allowed to take any food out of the dining room, like if I eat ½ of my steak, I can't take it to my room. I heard [dietary supervisor #D] say you can't, it's a rule. They told me that and told another resident that." If I can get a room tray to my room to eat why can't I take food out of the dining room? I paid for it." Interview on 3/28/18 at 1:55pm with confidential resident, when asked if he/she could take food out of the dining room, he/she stated "Yes I've heard that is their policy, I've done it, taken food back to my room. They say it might spoil." He/she stated housekeeping does not clean out the refrigerators, they only do light housekeeping. Interview on 3/28/18 at 3:53pm with dietary supervisor #D confirmed facility has a policy that residents cannot remove food from the dining room. "They can eat all they want in the dining room, they just can't take it out of the dining room, it's a safety issue." Interview on 3/29/18 at 9:45am with facility administrator #A, stated they do not have a policy on removing food from the dining room. "We are assisted living, there is no reason they can't." For all residents of the facility, the administrator failed to ensure each resident shall have the right to be free from interference, coercion, discrimination or reprisal from adult care home staff in exercising the resident's rights.	S 105		

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S3028	Continued From page 2	S3028		
S3028 SS=E	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 by: KAR 26-41-101 (f) (1) (3) The facility reported a census of 58 residents. The sample included 4 residents, 2 closed chart	S3028		

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S3028	Continued From page 3	S3028		

reviews and 3 focus review residents. Based on record review and interview for 1 (# 328) sampled resident and 1(#330) closed review resident, the administrator failed to ensure that for allegations of abuse and neglect were reported to the department within 24 hours, an investigation was started of the violation and the department's complaint investigation reports were completed and submitted to the department within five working days of the initial report.

Findings included:

- Record review for resident #328 recorded an admission date of 5/15/17 with diagnoses of: anemia, congestive heart failure, dementia, hypothyroid, vitamin D deficiency and constipation.

Functional Capacity Screen (FCS) dated 11/1/17 recorded resident unable to perform management of medications. Resident has problems with long term memory and memory/recall.

Record lacked a Negotiated Service Agreement (NSA).

Health Care Service Plan (HCSP) dated 6/8/17 recorded a caregiver is needed to administer medications, resident cognition capabilities: resident displays impaired cognitive status (no task required): Safety/evacuation: no assistance, resident is independent aware of safety needs and is capable of self-evacuation. Wandering: independent, no purposeless wandering.

Nurses notes recorded the following:

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7/13/17 4:00pm: resident elopement from assisted living unit to outside of facility.
7/19/17 10:00am: resident moved from assisted living to the locked memory care on 3rd floor.
7/22/17 10:00pm: resident elopement down to first floor exit.
7/30/17 2:38pm: resident elopement down to 2nd floor.

Department records indicate elopement on 7/13/17 was reported to department.

Department records indicate elopements off the secured memory unit on 7/22/17 and 7/30/17 were not reported.

On 3/28/18 at 5:45pm received an investigation and summary for the 7/22/17 elopement.

Interview on 3/28/18 at 5:45pm with facility administrator confirmed resident elopements off the memory unit were not reported to the department.

For resident #328 the administrator failed to complete and submit the investigation for the 7/13/17 elopement within 5 days of the incident. The administrator also failed to report the 2 elopements from the locked memory care unit within 24 hours, complete the investigations and submit the report to the department within 5 working days.

Record review for resident #330 recorded admission date of 10/30/17 with diagnoses of Parkinson's, chronic small vessel disease and rheumatoid arthritis.

FCS dated 11/14/17 (admission FCS) recorded resident required assistance with bathing,

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S3028	Continued From page 5	S3028		

dressing, toileting, transfer, walk/mobility and management of medications and treatments. Resident uses a walker and wheelchair, and is at risk/has a history of falls.

NSA/HCSP dated 11/14/17 recorded ALF with provide physical assistance with bathing, dressing, transfers, ambulation, and medication management.

Clinical notes (nurses notes) dated 10/30/17 at 10:00pm recorded resident admitted to facility at 3:30pm ..... Assist times 1 for ADL's (activities of daily living). Sleeps in recliner. Requires assist of 2 to be pulled up in recliner .... Placed resident on 30minute checks at this time. Family left and resident does not have call band."

Document titled "half-hour documentation of resident checks" recorded 30-minute staff checks for resident on 10/30/17 from 10:00pm to 7:15am.

Clinical notes dated 10/31/18 at 9:30am recorded: "This nurse was called into room 108. CNA (certified nurse aide) state that he/she found the resident on the floor in his/her living room. According to the CNA he/she had last check on him/ her around 7:15am and the resident stated that he/she did not need anything .... Resident was found on the floor with blood coming from his/her head ..... Resident was unable to tell us how he/she fell ..."

One call button alert was recorded the morning of 10/31/17 at 8:54am and cleared at 8:55am.

Interview on 2/28/18 at 5:45pm with facility administrator confirmed facility did not report the incident to the department and did not do an investigation of the incident.

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S3028	Continued From page 6 For resident #330 the facility administrator failed to report the incident to the department within 24 hours and failed to complete an investigation of the incident and report it to the department within 5 working days.	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 facility reported a census of 58 residents. The sample included 4 residents, 2 closed review residents and 3 focus review residents. Based on record review, observation and interview for 3 of 4 residents sampled (#326, 327, 328) the administrator failed to ensure that each resident's functional capacity at the time of screening is accurately reflected on that resident's screening form. Findings included: - Record review for resident #326 recorded an admission date of 10/28/17 with diagnoses including: Parkinson's, urine retention, hyperlipidemia, bradycardia, coronary artery disease and depression.	S3082		

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S3082	Continued From page 7 Functional Capacity Screen (FCS) dated 3/26/18 recorded resident was independent (0) with transfers, toileting, was continent of bladder, supervision needed (1) with bathing and required assistance (2) with management of medications. Walking/mobility[blank], laundry/housekeeping [blank] management of medical treatments [blank], section XI signature: [blank] Record review for resident #327 recorded an admission date of 5/3/17 with diagnoses of Hypertension, diabetes mellitus type 2, gastroesophogeal reflux disease, seizure disorder, osteoarthritis, edema, esophagitis, chronic obstructive pulmonary disease, congestive heart failure and arthritis. FCS dated 12/1/17 recorded resident required assistance (2) with bathing, dressing and management of medications, required supervision (1) with toileting and is independent (0) for transfer, mobility, eating and management of medications. Laundry/housekeeping [blank], section XI signature: [blank]. Record review for resident #328 recorded an admission date of 5/15/17 with diagnoses of: anemia, congestive heart failure, dementia, hypothyroid, vitamin D deficiency and constipation. FCS dated 11/1/17 recorded resident required supervision (1) with bathing, is independent (0) with dressing, toileting, transfer and eating, and (3) unable to perform management of medications. Section I: gender [blank]; birthdate [blank], section II: walking, mobility [blank], management of medical treatments [blank], continence [blank],	S3082		

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S3082	Continued From page 8 section III: [blank] section IV: [blank], section XI signature: [blank]. Interview on 3/28/18 at 2:38pm with licensed nurse #B confirmed blank areas and lack of signatures on FCSs. For residents #326, 327 and 328, the administrator failed to ensure that each resident's functional capacity at the time of screening is accurately reflected on that resident's screening form.	S3082		
S3090 SS=F	26-41-202 (c) Admission Negotiated Service Agreement (c) Each administrator or operator shall ensure the development of an initial negotiated service agreement at admission. This REQUIREMENT is not met as evidenced by: K.A.R. 26-41-202 (c) The facility reported a census of 58 residents. The sample included 4 residents, 2 closed review residents and 3 focus review residents. Based on record review and interview for all residents, the administrator failed to ensure the development of an initial negotiated service agreement at admission as evidenced by record review and interview for 4 sampled residents (#326, 327,328, 329). Findings included:	S3090		

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S3090	Continued From page 9 - Record review for resident #326 recorded an admission date of 10/28/17 with diagnoses including: Parkinson's, urine retention, hyperlipidemia, bradycardia, coronary artery disease and depression. Functional Capacity Screen (FCS) dated 12/1/17 recorded resident required assistance with management of medications. Resident record lacked a negotiated service agreement (NSA). Record review for resident #327 recorded an admission date of 5/3/17 with diagnoses of Hypertension, diabetes mellitus type 2, gastroesophogeal reflux disease, seizure disorder, osteoarthritis, edema, esophagitis, chronic obstructive pulmonary disease, congestive heart failure and arthritis. FCS dated 8/1/17 recorded resident required assistance with bathing and dressing. Record lacked a NSA. Record review for resident #328 recorded an admission date of 5/15/17 with diagnoses of: anemia, congestive heart failure, dementia, hypothyroid, vitamin D deficiency and constipation. FCS dated 6/8/17 recorded resident unable to perform management of medications. Record lacked a NSA. Record review for resident #329 recorded an admission date of 11/17/17 with diagnoses of:	S3090		

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S3090	Continued From page 10 Dementia with Lewy body, obsessive compulsive disorder, and osteoarthritis. FCS dated 11/18/17 recorded resident required assistance with bathing, dressing, toileting, and as unable to perform management of medications and treatments. Record lacked a NSA. Interview on 3/26/18 at 3:20pm with facility administrator stated facility does not have any NSAs, only care plans. He/she stated there might be some NSAs completed on the very first residents admitted. Interview on 3/26/18 at 4:00pm with licensed nurse #B confirmed residents do not have NSAs as the system doesn't do NSAs. For all residents of the facility the administrator failed to ensure the development of an initial negotiated service agreement at admission as evidenced by record review and interview for 4 sampled residents (#326, 327,328, 329).	S3090		
S3110 SS=F	26-41-203 (a) Range of Services (a) Range of services. The administrator or operator of each assisted living facility or residential health care facility shall ensure the provision or coordination of the range of services specified in each resident ' s negotiated service agreement. The range of services may include the following: (1) Daily meal service based on each resident's needs; (2) health care services based on an assessment by a licensed nurse and in accordance with	S3110		

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S3110	Continued From page 11 K.A.R. 26-41-204; (3) housekeeping services essential for the health, comfort, and safety of each resident; (4) medical, dental, and social transportation; (5) planned group and individual activities that meet the needs and interests of each resident; and (6) other services necessary to support the health and safety of each resident. This REQUIREMENT is not met as evidenced by: K.A.R. 26-41-203 (a)(6) The facility reported a census of 58 residents. The sample included 4 residents. Based on interview and record review for 1 (#326) sampled resident 3 (#333, 334, 335) focus review residents and 11(#336, 337, 338, 339, 340, 341, 342, 343, 344, 345, 346) non-sampled residents, the administrator failed to ensure the provision or coordination of the range of services specified in each resident's negotiated service agreement including other services necessary to support the health and safety of each resident. Findings included: - Interview on 3/27/18 at 2:45pm with resident #335 stated staff response to call lights was a problem. He/she stated staff can cancel the call without being in the room unless the bathroom call cord is pulled. Observation on 3/27/18 at 2:55pm in resident	S3110		

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S3110	Continued From page 12 #335 room resident activated the call button to request staff assistance. At 3:07pm, staff had failed to respond. Resident pushed the call button again, ensuring the blue light (indicating it has been activated) lit up. At 3:16pm, staff still did not respond to the call, and bathroom emergency call light was activated. At 3:22pm, certified staff #M responded to the call stating "your pull cord is going off". He/she confirmed call light was activated earlier but he/she thought someone responded to it. Certified staff #N entered room shortly after. Interview on 3/27/18 at 3:26pm with certified staff #M confirmed the call alert on the staff phones can be cancelled from anywhere. Bathroom call lights must be cancelled at the source. Review of call light records for resident #335 recorded the following: 3/27/18 at 2:56pm activated, cleared at 3:17pm by Agency 1 CNA [certified staff #N] response time:20 minutes 39 seconds. 3/27/18 at 3:25pm, and 3:26pm, cleared at 3:25pm and 3:27pm. By certified staff #M and #N. On 3/28/18 at 2:30pm, call light records for the 2nd floor, for 3/27/18 were requested. Call light records for the 2nd floor for 3/27/18, recorded call response times of 20 minutes or more for 14 other residents. resident #326: call light activated at 4:53pm, cleared at 5:27pm. Response time 33minutes. resident #333: call light activated at 7:49am,	S3110		

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S3110	Continued From page 13 cleared at 8:18am. Response time 29minutes. resident #334: call light activated at 7:43pm, cleared at 8:06pm. Response time 22 minutes. resident #336: call light activated at 12:24pm, cleared at 12:54pm. Response time 30 minutes. resident #337: call light activated at 8:53am, cleared at 9:36am. Response time 42 minutes resident #337: call light activated at 12:17 pm, cleared at 12:37p m. Response time 20 minutes. resident #338: call light activated at 11:10am, cleared at 11:33am. Response time 22minutes. resident #339: call light activated at10:57am, cleared at 11:30am. Response time 33minutes. resident #340: call light activated at 6:25am, cleared at 6:45am. Response time 20 minutes. resident #340: call light activated at 2:46pm, cleared at 3:22pm. Response time 36 minutes. resident #340: call light activated at 11:54pm, cleared at 12:21am. Response time 27minutes. resident #341: call light activated at 6:44am, cleared at 7:25am. Response time 40 minutes. resident #341: call light activated again at 7:25am, cleared at 8:10am. Response time 45 minutes. resident #342: call light activated at 6:14am, cleared at 6:49am. Response time 35 minutes. resident #343: call light activated at 2:45am, cleared at 3:33am. Response time 47 minutes. resident #344: call light activated at 11:15pm, cleared at 11:41pm. Response time 26 minutes. resident #345: call light activated at 9:36pm, cleared at 9:59pm. Response time 23 minutes. resident #346: call light activated at 7:26pm, cleared at 7:48pm. Response time 21 minutes. Resident council minutes recorded the following: 1/4/18: Pendants- "residents feel they are not able to get help by pendants"	S3110		

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S3110	Continued From page 14 2/7/18: CNAs - their chief complaint is the time it takes for CNAs to respond to pendant calls. 3/7/18: "[resident] stated that it had taken 35-40 minutes sometimes before [spouse] call light was answered. Facility administrator #A announced that our new call light system had been put into place now and that residents within the next two weeks will see a big difference." Interview on 3/28/18 at 2:30pm with facility administrator, stated the new call light system was installed the last week of January. Interview on 3/28/18 at 3:05pm with facility administrator, confirmed care staff clear a call light alarm and never see the resident. "They are to hit "assign" then "clear" when they lay eyes on the resident, that is how they are trained." For all residents of the facility as evidenced by review of call light records for residents #326, 333, 334, 335, 336, 337, 338, 339, 340, 341, 342, 343, 344, 345 and 346, the administrator failed to ensure the provision or coordination of the range of services specified in each resident's negotiated service agreement including other services necessary to support the health and safety of each resident when staff failed to respond to call lights in a timely manner.	S3110		
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	S3155		

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S3155	Continued From page 15 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 58 residents. The sample included 4 residents, 2 closed review residents and 3 focus review residents. Based on record review, observation and interview for 4 (#326, 327, 328, 329) 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 #326 recorded an admission date of 10/28/17 with diagnoses including: Parkinson's, urine retention, hyperlipidemia, bradycardia, coronary artery disease and depression. Functional Capacity Screen (FCS) dated 3/26/18 recorded resident was independent with transfers, toileting, was continent of bladder and required assistance with management of medications. Resident record lacked a negotiated service	S3155		

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S3155	Continued From page 16	S3155		

agreement (NSA).

Resident "individualized service plan" (health care service plan/ HCSP) dated 3/26/18 recorded resident independent with transfers to/from bed, resident does not have an indwelling catheter/ has complete control of bladder and caregiver to administer medications.

Observation/ interview on 3/28/18 at 111:15am with resident stated he/she has an indwelling catheter (suprapubic). Observed a bed cane attached to the left side of resident's bed.

Charting notes (nurse's notes) dated 3/23/18 at 1:38pm recorded: "Resident returned from surgery and now has a suprapubic cath (catheter). Staff will continue to change morning and night drainage bags as we have." Signed by licensed nurse #B.

HCSP lacked entries for resident use of a bed cane and for care of a suprapubic catheter. Interview on 3/28/18 at 4:00pm with licensed nurse #B confirmed resident HCSP lacked entries for use of a bed cane for transfers, and for care of an indwelling catheter.

Record review for resident #327 recorded an admission date of 5/3/17 with diagnoses of Hypertension, diabetes mellitus type 2, gastroesophogeal reflux disease, seizure disorder, osteoarthritis, edema, esophagitis, chronic obstructive pulmonary disease, congestive heart failure and arthritis.

FCS dated 12/1/17 recorded resident required assistance with bathing, dressing and is independent with transfers.

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S3155	Continued From page 17 Record lacked a NSA. HCSP dated 12/1/17 recorded staff to assist resident with bathing and dressing. Resident is independent for transfers to/from bed. Observation on 3/27/18 at 1050am in resident's room, revealed a bed cane attached to the center/right side of the bed. HCSP lacked an entry for resident use of a bed cane for transfers. Interview on 3/29/18 at 12:25pm with licensed nurse #B, confirmed HCSP lacked entry for use of a bed cane for transfers. Record review for resident #328 recorded an admission date of 5/15/17 with diagnoses of: anemia, congestive heart failure, dementia, hypothyroid, vitamin D deficiency and constipation. FCS dated 11/1/17 recorded resident unable to perform management of medications. Resident has problems with long term memory and memory/recall. Record lacked a NSA. HCSP dated 6/8/17 recorded a caregiver is needed to administer medications, resident cognition capabilities: resident displays impaired cognitive status (no task required): Safety/evacuation: no assistance, resident is independent aware of safety needs and is capable of self-evacuation. Wandering: independent, no purposeless wandering. Nurses notes recorded the following:	S3155		

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7/13/17 4:00pm: resident elopement from assisted living unit to outside of facility.
7/19/17 10:00am: resident moved from assisted living to memory care on 3rd floor.
7/22/17 10:00pm: resident elopement down to first floor exit.
7/30/17 2:38pm: resident elopement down to 2nd floor.

HCSP lacked entries for resident cognitive impairment including interventions for wandering, elopement and placement on the memory care (locked) unit.

Interview on 3/29/18 at 12:25pm with licensed nurse #B confirmed HCSP lacked interventions for resident cognitive impairment, elopement and placement on locked memory unit.

Record review for resident #329 recorded an admission date of 11/17/17 with diagnoses of: Dementia with Lewy body, obsessive compulsive disorder, and osteoarthritis.

FCS dated 3/26/18 recorded resident required assistance with bathing, dressing, toileting, and as unable to perform management of medications and treatments. Resident had cognitive impairment for long term memory, short term memory, memory/recall and decision making. Resident had impaired communication and is rarely or never able to understand others or be understood.

Record lacked a NSA.

HCSP dated 3/26/18 recorded staff to assist resident with bathing, dressing, toileting, management of medications, communication and

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S3155	Continued From page 19	S3155		

resident to be redirected for wandering and observe/cue for orientation.

Interview on 3/27/18 at 12:45pm with resident's spouse he/she stated resident lives on the assisted living unit with him/her and he/she takes resident to the locked memory unit after breakfast for the activities and staff help. He/she states staff are supposed to come in and dress resident for bed but sometimes they don't come and he/she must dress the resident for bed.

Observation on 3/22/18 at 12:20pm on the memory care unit revealed resident get up from the dining table, wander away and was returned to the table by staff to finish eating.

Interview on 3/27/18 at 12:25pm with certified staff #E and administrative staff #F confirmed resident is on the locked memory unit from about 8:30am until 6:30pm daily for meals and activities.

HCSP lacked entry for resident day placement on a locked memory unit. Staff fail to provide the service of dressing resident at night for bed as per care plan.

Interview on 3/28/18 at 4:25pm with licensed nurse #B confirmed resident spends the day on the locked memory care unit and HCSP lacked entry for day placement on the locked unit.

For residents #326, 327, 328 and 329 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

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S3155	Continued From page 20 agreement.	S3155		
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 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 58 residents. The sample included 4 residents, 2 closed chart review residents and 3 focus review residents. Based on record review and observation for 2 residents (#326, 328), the administrator failed to ensure all medications and treatments were administered in accordance with a medical care provider's written order and professional standards of practice.	S3200		

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S3200	Continued From page 21	S3200		

Findings included:

- Record review for resident #326 recorded an admission date of 10/28/17 with diagnoses including: Parkinson's, urine retention, hyperlipidemia, bradycardia, coronary artery disease and depression.

Functional Capacity Screen (FCS) dated 3/26/18 recorded resident required assistance with management of medications.

Resident record lacked a negotiated service agreement (NSA)

Resident "individualized service plan" (health care service plan/ HCSP) dated 3/26/18 recorded caregiver to administer medications.

Interview on 3/28/18 at 11:15am with resident, stated he/she takes medications for Parkinson's and he/she does not receive them at the time scheduled. He/she stated it is important for the medication to be given on time.

Review of resident 2/8/18 physician's orders and March 2018 medication administration record (MAR) recorded orders for: Carbidopa/Levodopa ER (extended release) tablets 25/100 (Parkinson medication) by mouth six times daily at 6:45am, 10:00am, 1:00pm, 4:00pm, 7:00pm and 10:00pm. (3- 3.25 hours apart).

March MAR time stamps for the medication (carbidopa/levodopa ER) recorded the following

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S3200	Continued From page 22 administration times: 3/17/17 scheduled at 7pm, administered at 7:01pm; next dose scheduled at 10:00pm administered at 9:02pm; (2 hours 1 minute apart). 3/18/18 scheduled at 4pm, administered at 5:13pm; scheduled at 7pm administered at 7:41pm, (2 hours 27 minutes apart); scheduled at 10pm administered at 9:29pm (1 hour 58 minutes apart). PDR.net (physician's desk reference) website for Carbidopa/levodopa ER recorded "administer at regular intervals as prescribed to provide therapeutic coverage and lessen "wearing off' time." Resident #326 also received the following: 3/18/18; Donepezil (Alzheimer's) 10mg (milligrams) scheduled at 9:00pm administered at 7:41pm; Mirtazapine 45mg scheduled at 9:00pm administered at 7:41pm: Augmentin (antibiotic) 875-125mg scheduled at 8:00 am, administered at 10:34am. Medications were administered outside the one-hour administration window. Record review for resident #328 recorded an admission date of 5/15/17 with diagnoses of: anemia, congestive heart failure, dementia, hypothyroid, vitamin D deficiency and constipation. FCS dated 11/1/17 recorded resident unable to perform management of medications. Record lacked a NSA.	S3200		

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S3200	Continued From page 23 HCSP dated 6/8/17 recorded a caregiver is needed to administer medications. March 2018 MAR/ time stamp recorded the following medications administered by staff: 3/17/18 Rivastigmine (dementia) 3mg capsules scheduled for 11:00am, administered at 1:56pm; 3/18/18 Rivastigmine 3mg capsules scheduled for 11:00am, administered at 2:03pm. Medications were administered outside the one-hour administration window. For residents #326 and 328 who received medication administration assistance, the administrator failed to ensure all medications and treatments were administered in accordance with a medical care provider's written order and professional standards of practice.	S3200		
S3256 SS=F	26-41-105 (c) Resident Records Safeguards (c) Each administrator or operator shall ensure the safeguarding of resident records against the following:(1) Loss; (2) destruction; (3) fire; (4) theft; and (5) unauthorized use. This REQUIREMENT is not met as evidenced by:	S3256		

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S3256	Continued From page 24 KAR 26-41-105(c)(5) The facility reported a census of 58 residents. The sample included 4 residents, 3 focus review residents and 2 closed chart review residents. Based on observation and interview for all residents, the administrator failed to ensure the safeguarding of resident records against unauthorized use. Findings Included: - On 3/26/18 at 2:50pm during facility tour with maintenance supervisor #C, observed in the wellness room on the first floor south east wing, resident charts in unlocked cabinets in an unlocked room. No staff is present in the room, the room is around the corner from the main elevators. Observations of wellness room on: 3/27/18 at 9:20am: no staff in hallway or in wellness room. Able to access charts and make copies for 15 minutes. Nurse from an outside provider service enters.; 10:47am: office open, no staff present; 1:15pm office open, no staff present, chart cabinet open with charts for 200 hall visible, able to remove charts and make copies. 3/28/18 at 4:45pm with licensed nurse #B, wellness room unlocked, unattended, chart cabinets unlocked. He/she confirmed charts are not secured. For all residents of the facility the administrator failed to ensure the safeguarding of resident records against unauthorized use.	S3256		

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S3261	Continued From page 25	S3261		
S3261 SS=E	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 This REQUIREMENT is not met as evidenced by: KAR 26-41-105(f) (11) The facility reported a census of 58 residents. The sample included 4 residents, 2 closed review residents and 3 focus review residents. Based on record review and interview for 2 closed review residents (#330 and 331) the administrator failed to ensure documentation of all incidents, and indications of illness or injury including date, time of occurrence, action taken and results of the action. Findings included: - Record review for resident #330 recorded admission date of 10/30/17 with diagnoses of Parkinson's, chronic small vessel disease and rheumatoid arthritis. Functional Capacity Screen (FCS) dated 11/14/17 (admission FCS) recorded resident required assistance with bathing, dressing, toileting, transfer, walk/mobility and management of medications and treatments. Resident uses a	S3261		

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walker and wheelchair, and is at risk/has a history of falls.

Negotiated service agreement/ health care service plan (NSA/HCSP) dated 11/14/17 recorded ALF with provide physical assistance with bathing, dressing, transfers, ambulation, and medication management.

Resident "move-out report" recorded resident was discharged from the facility (relocated) on 2/28/18.

Nurse's notes last recorded entry was on 2/20/18 at 11:00am "Resident right fingers assessed, no new symptoms ..."

Resident record lacked entry for discharge of resident.

Record review for resident #331 recorded admission date of 9/1/17 with diagnoses of: T4N2 M1B metastatic lung adenocarcinoma.

FCS dated 8/29/17 recorded resident required assistance with management of medications and treatments.

NSA/HCSP dated 9/1/17 recorded facility will manage all medications.
Nurse's notes last recorded entry: 10/28/17 at 3:00pm "Resident has orders for wound care contacted Hospice, was placed on schedule for them to come see him/her ...."

Resident "move-out report" recorded resident was discharged from the facility (death) on 11/4/17.

Nurse's notes laced entry for resident condition

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S3261	Continued From page 27 from 10/28/17 up to and including resident death on 11/4/17. Interview on 3/29/18 at 12:20pm with licensed nurse #B and facility administrator #A, stated resident died at the facility. They confirmed resident record lacked nurse's notes and hospice notes after 10/28/17. For residents #330 and 331 the administrator failed to ensure documentation of all incidents, and indications of illness or injury including date, time of occurrence, action taken and results of the action.	S3261		
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	S3280		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	N046102	A. BUILDING: _____ B. WING _____	04/03/2018

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
THE SHERIDAN AT OVERLAND PARK	10300 INDIAN CREEK PARKWAY OVERLAND PARK, KS 66210

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S3280	Continued From page 28 by: KAR 26-4-104(d)(3) The census equaled 58 residents; the sample included 4 residents 2 closed review residents and 3 focus review residents. Based on interviews and review of records, for all residents, the administrator failed to ensure disaster and emergency preparedness when the administrator failed to ensure quarterly review of the facility's emergency management plan with employees and residents. Findings included: - On 3/26/18 at 3:50pm with facility maintenance supervisor #C, reviewed facility's emergency management plan reviews with staff. Records revealed an in-service on 1/31/18 for power outage and monthly fire drills. Interview on 3/26/18 at 3:50pm with maintenance supervisor #C confirmed facility has not conducted quarterly reviews of the facility's emergency management plan with staff or with residents. For all residents, the administrator failed to ensure disaster and emergency preparedness when the administrator failed to ensure quarterly review of the facility's emergency management plan with employees and residents.	S3280		

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S3310	Continued From page 29	S3310		
S3310 SS=F	26-41-207 (b) (5-6) (c) Infection Control Policies (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(c) The facility reported a census of 35 residents. The sample included 4 residents (#326, 327, 328, 329), 2 closed chart reviews and 3 focus review residents. Based on record review, and interview, for all residents of the facility, the administrator failed to ensure compliance with the department's tuberculosis guidelines for adult care homes adopted by reference in K.A.R. 26-39-105. Findings included:	S3310		

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S3310	Continued From page 30 - On 3/27/18 at 10:10am, during personnel review with administrative staff #G facility records lacked documentation for tuberculosis (TB) symptom screen questionnaires and 2 step TB skin tests for the following 5 of 5 recent staff hired: Licensed nurse #H, hire date 3/2/18, Certified staff #I, hire date 2/28/18, Certified staff #J, hire date 10/31/17 Certified staff #K, hire date 9/2/17 Certified staff #L, hire date 2/27/18 Interview on 3/27/18 at 10:10am with administrative staff #G confirmed staff records lacked documentation of TB symptom screen questionnaires and 2 step TB skin tests. Review of sampled resident records revealed the following residents lacked documentation of TB symptom screen questionnaires and 2 step TB tests upon admission to the facility: Resident #326, admission date 10/28/17; resident #328, admission date 5/15/17; resident #329, admission date 11/17/17. The following resident lacked documentation of a symptom screen questionnaire: Resident #327, admission 5/3/17 Interviews on 3/28/18 at 4:45pm and 3/29/18 at 12:25pm with licensed nurse #B confirmed lack of documentation for residents' TB testing. For all residents of the facility, the administrator failed to ensure compliance with the department's tuberculosis guidelines for adult care homes adopted by reference in K.A.R. 26-39-105.	S3310		

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