

Kansas Department on Aging

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: B046039	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____	(X3) DATE SURVEY COMPLETED 08/22/2017
NAME OF PROVIDER OR SUPPLIER CARE HAVEN HOMES - FONTANA		STREET ADDRESS, CITY, STATE, ZIP CODE 10001 FONTANA OVERLAND PARK, KS 66207		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
S 000	INITIAL COMMENTS The following citations are the result of a licensure re-survey conducted at the above named home plus facility in Overland Park, KS on 8/17/17 and 8/22/17.	S 000		
S5028 SS=D	26-42-101 (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 home 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:	S5028		

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

TITLE

(X6) DATE

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S5028	Continued From page 1 KAR 26-42-101 (f) (3) The facility reported a census of 7 residents. The sample included 3 residents. Based on record review and interview for 1(#819) sampled resident, the operator failed to ensure that allegation of abuse and neglect was reported to the department within 24 hours, an investigation was started when the operator was notified of an alleged violation, each allegation was thoroughly investigated, appropriate corrective action taken, and the department's complaint investigation reports was completed and submitted to the department within five working days of the initial report. Findings included: Record review for resident #819 recorded admission date of 9/21/16 with diagnoses of: Alzheimer's disease with behavioral disturbance, insomnia and recurrent urinary tract infections. FCS dated 9/20/16 recorded resident required assistance with transfer and walk/mobility. Resident has cognition problems (short term and long term memory, memory/recall and decision making) and communication (rarely or never understandable, rarely or never understands others) Resident has a history of falls/unsteadiness. NSA/H CSP dated 9/21/16 recorded resident to receive staff assistance with transfer (assist of 2 staff, Hoyer lift as needed) and walk/mobility. (uses a wheelchair). Fall interventions: resident has a hospital bed in low position, fall mat and motion sensor to alert staff, staff to check every 2 hours at night.	S5028		

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S5028	Continued From page 2 Nurse's progress notes recorded 5 falls between 5/16/17 and 8/13/17: 5/16/17 10:30pm: resident on floor in room 6/5/17 6:10pm: resident found on floor beside bed 7/4/17 3:00pm: resident found on floor in dining room after noise heard. 7/27/17 7:00pm: received call resident had fallen; at time resident was actively trying to get up of floor 8/13/17 8:10pm: resident found on floor Interview on 8/17/17 at 2:55pm with licensed nurse #B confirmed resident falls were not witnessed and were not reported to the department. Review of fall investigations for falls on 7/4/17 and 7/27/17 recorded pad alarm in wheelchair not functioning/sounding properly. For resident #819 who had cognition problems and communication problems and sustained 5 falls in 3 months' time, the operator failed to ensure that each allegation of abuse and neglect was reported to the department within 24 hours, an investigation was started when the operator was notified of an alleged violation, each allegation was thoroughly investigated, appropriate corrective action taken, and the department's complaint investigation reports was completed and submitted to the department within five working days of the initial report.	S5028		
S5155 SS=E	26-42-204 (a) Health Care Services (a) The administrator or operator in each home plus shall ensure that a licensed nurse provides or coordinates the provision of necessary health	S5155		

Kansas Department on Aging

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S5155	Continued From page 3 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 26-42-204(a) The facility reported a census of 7 residents. The sample included 3 residents. Based on record review, observation and interview for 3 (#817,818,819) sampled residents, requiring health care services, the operator 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 #817 recorded admission date of 3/5/16 with diagnoses of: dementia, hypertension, migraines, asthma, osteoarthritis, Alzheimer's and scoliosis. Functional Capacity Screen (FCS) dated 12/19/16 recorded resident required physical assistance with dressing, transfer and walk/mobility. Resident has problems with cognition (short term, long term, memory/recall and decision making) and problems with communication (usually understandable, usually understands). Resident has a history of falls/unsteadiness.	S5155		

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S5155	Continued From page 4 Negotiated Service Agreement (NSA) and Health Care Service Plan (HCSP) dated 12/27/16 recorded resident to receive staff assistance with dressing, transfer (2 person assist), walk/mobility (staff to propel wheelchair) staff to monitor and observe for behaviors, resident to monitor, has poor safety awareness. Observation on 8/17/17 at 10:03 in resident's room revealed a twin winged mattress on an electric bed with a fall mat under the bed. Observation on 8/17/17 at 2:45pm in facility dining room revealed resident asleep in high back wheelchair with head lying on top of a pillow on table. Interview on 8/17/17 at 3:08pm with licensed nurse #B stated resident is in a high back wheelchair because he/she tends to fall forward. He/she confirmed resident uses a winged air mattress and fall mat and confirmed HCSP lacked entries for these interventions. Nurse's progress notes dated 5/22/17 recorded resident received skin tear to left wrist after transfer to toilet and nurse's progress notes dated 7/15/17 recorded resident received skin tear to right wrist after being dressed. Interview on 8/17/17 at 3:08pm with licensed nurse #B stated resident sometimes gets skin tears because he/she is very contracted and plan is to keep resident in long sleeves and looser clothing. He/she confirmed HCSP lacked entries for these interventions. HCSP lacked interventions for frequent skin tears, use of a high back wheelchair, winged air	S5155		

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S5155	Continued From page 5 mattress and fall mat. Record review for resident # 818 recorded admission date of 2/22/14 with diagnoses including: gastrointestinal bleed, iron deficiency anemia, osteoporosis, coronary artery disease, hyperlipidemia, hypertension and depression. FCS dated 9/9/16 recorded resident unable to perform transfer and walk/mobility. NSA/H CSP dated 9/12/16 recorded resident to receive staff assistance with transfer and walk/mobility. Observation on 8/17/17 at 2:50pm revealed resident asleep in bed with winged air mattress, w/c contained pommel cushion (cushion with raised center portion) Interview on 8/17/17 at 2:50pm with licensed nurse #B confirmed resident uses a pommel cushion because he/she was slipping out of wheelchair. Confirmed HCSP lacked entry for use of specialized pommel cushion. HCSP lacked entries for use of pommel cushion and winged air mattress. Record review for resident #819 recorded admission date of 9/21/16 with diagnoses of: Alzheimer's disease with behavioral disturbance, insomnia and recurrent urinary tract infections. FCS dated 9/20/16 recorded resident required assistance with transfer and walk/mobility. Resident has cognition problems (short term and long term memory, memory/recall and decision making) and communication (rarely or never understandable, rarely or never understands	S5155		

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S5155	Continued From page 6 others) Resident has a history of falls/unsteadiness. NSA/H CSP dated 9/21/16 recorded resident to receive staff assistance with transfer (assist of 2 staff, Hoyer lift as needed) and walk/mobility. (uses a wheelchair). Fall interventions: resident has a hospital bed in low position, fall mat and motion sensor to alert staff, staff to check every 2 hours at night. Observation on 8/17/17 at 9:35am revealed resident asleep in bed with winged air mattress, with fall mat on floor. Observation on 8/17/17 at 2:45pm revealed resident asleep in bed with fall mat on floor and motion sensor alarm on mat. Fall investigation reports dated 7/4/17 and 7/27/17 recorded chair pad alarm not functioning or sounding. HCSP lacked entries for use of winged air mattress and chair pad alarm for a fall interventions. For resident's #817, 818 and 819, requiring health care services, the operator 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.	S5155			
S5300 SS=D	26-42-205 (d) (1-2) Facility Administration of Medications (d) Home administration of resident 's	S5300			

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S5300	Continued From page 7 medications. If a home 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 home has responsibility. (2) Medication aides shall not administer medication through the parenteral route. This REQUIREMENT is not met as evidenced by: KAR 26-42-205(d) The facility reported a census of 7 residents. The sample included 3 residents. Based on record review and observation for 1 resident (#817), the operator failed to ensure all medications and treatments were administered in accordance with a medical care provider's written order and professional standards of practice. Findings included: - Record review for resident #817 recorded admission date of 3/5/16 with diagnoses of: dementia, hypertension, migraines, asthma,	S5300		

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S5300	Continued From page 8 osteoarthritis, Alzheimer's and scoliosis. Functional Capacity Screen (FCS) dated 12/19/16 recorded resident unable to perform management of medications and treatments. Negotiated Service Agreement (NSA) and Health Care Service Plan (HCSP) dated 12/27/16 recorded resident to receive staff assistance with management of medications. Hospice services added 7/14/16. Resident's medication record for August 2017 recorded 5 medications administered by facility staff. Review of resident records revealed record lacked medication orders from current primary care physician. Interview on 8/17/17 at 11:25am with licensed nurse #B confirmed record lacked current orders. He/she stated resident is on hospice services and hospice nurse practitioner has been visiting resident. Interview on 8/17/17 at 11:40am with licensed nurse #B stated "He/she came in [to facility] under [admitting doctor name] and changed to [another doctor] because [admitting doctor] does not come to this building. Resident fell thru the cracks so to speak." For resident #817, the operator failed to ensure all medications and treatments were administered in accordance with a medical care provider's written order and professional standards of practice.	S5300		