STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	N046038	A. BUILDING: _____ B. WING _____	11/16/2016

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
THE HOMESTEAD OF OLATHE SOUTH	751 N SOMERSET TERRACE OLATHE, KS 66062

(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 resurvey on 11/14/16, 11/15/16 adn 11/16/16 at the above name assisted living facility in Olathe, Kansas.	S 000		
S3101 SS=E	26-41-202 (h) NSA Signatures (h) Each individual involved in the development of the negotiated service agreement shall sign the agreement. The administrator or operator shall ensure that a copy of the initial agreement and any subsequent revisions are provided to the resident or the resident's legal representative. This REQUIREMENT is not met as evidenced by: KAR 26-41-202(h) The census equaled 36 residents. The sample included 3 residents. Based on record review and interview for 3 (#114, #115 and #116) of 3 residents sampled, the operator failed to ensure that each individual involved in the development of the negotiated service agreement (NSA) signed the agreement. Findings included: - Record review for resident #114 recorded admission date of 7/9/16 and diagnoses of Alzheimer ' s, rheumatic aortic stenosis, ulcerative colitis, diverticulosis, hypertension, hyperlipidemia, hypothyroidism, osteoarthritis,	S3101		

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

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S3101	Continued From page 1 syncope and collapse, History transient ischemic attack, cerebrovascular accident, major depressive disorder and constipation Functional Capacity Screen (FCS) dated 10/18/16 recorded resident required assistance with management of medications and treatments. Negotiated Service Agreement/Health Care Service Plan (NSA/HCSP) dated 10/18/16 lacked interventions for management of medications and treatments. Document lacked signatures of the individuals involved in the development of the NSA. NSA/HCSP addendum dated 10/21/16 recorded hospice services. Addendum contained signature of licensed nurse #B. Addendum lacked signatures of the individuals involved in the development of the NSA addendum. Interview on 11/15/16 at 3:30pm with licensed nurse #B confirmed NSA lacked signatures of those participating in the development of the NSA, stating the DPOA lives out of state. Confirmed he/she has not mailed the NSA to the DPOA. Record review for resident #115 recorded admission date of 9/6/16 with diagnoses of arteriosclerotic heart disease, chronic kidney disease, peripheral vascular disease, diabetes mellitus type 1, anemia, vascular dementia, diarrhea, hyperlipidemia, hypertension, edema, and vitamin deficiency. FCS dated 9/6/16 recorded resident required assistance with management of medications and treatments.	S3101		

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S3101	Continued From page 2 NSA/HCSP dated 9/6/16 lacked interventions for management of medications and treatments. NSA was signed by licensed nurse #B only. NSA lacked signatures of all individuals involved in the development of the NSA. Interview on 11/15/16 at 3:30pm with licensed nurse #B confirmed NSA lacked signatures of those participating in the development of the NSA, stating it was an oversight. Record review for resident #116 recorded admission date of 8/30/16 with diagnoses including: acute bronchitis, angina pectoris, atrial fibrillation, congestive heart failure, hypertension and obstructive sleep apnea. FCS dated 10/28/16 recorded resident required assistance with bathing, dressing, toileting, transfer, walk/mobility, and management of medications and treatments. NSA/HCSP dated 10/28/16 recorded resident to receive staff assistance with bathing, dressing, and toileting and walk mobility. NSA was signed by licensed nurse #B only. NSA lacked signatures of all individuals involved in the development of the NSA. Interview on 11/15/16 at 3:30pm with licensed nurse #B confirmed NSA lacked signatures of those participating in the development of the NSA. He/she stated he/she was unable to get signatures yet. For residents #114, #115 and #116, the operator failed to ensure that each individual involved in the development of the negotiated service agreement (NSA) signed the agreement.	S3101		

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S3155	Continued From page 3	S3155		
S3155 SS=E	26-41-204 (a) Health Care Services . (a) The administrator or operator in each assisted living facility or residential health care facility shall ensure that a licensed nurse provides or coordinates the provision of necessary health care services that meet the needs of each resident and are in accordance with the functional capacity screening and the negotiated service agreement. This REQUIREMENT is not met as evidenced by: KAR 26-41-204(a) The facility reported a census of 36 residents. The sample included 3 residents. Based on record review, observation and interview for 3 (#114, #115 and #116) 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 #114 recorded admission date of 7/9/16 and diagnoses of Alzheimer ' s, rheumatic aortic stenosis, ulcerative colitis, diverticulosis, hypertension, hyperlipidemia, hypothyroidism, osteoarthritis, syncope and collapse, History transient ischemic	S3155		

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S3155	Continued From page 4	S3155		

attack, cerebrovascular accident, major depressive disorder and constipation

Functional Capacity Screen (FCS) dated 10/18/16 recorded resident required supervision with bathing and dressing, was independent with toileting, transfer and walk/mobility. Resident required assistance with management of medications and treatments has a history of falls/unsteadiness, impaired vision and has problems with short term memory, memory recall and decision making.

Negotiated Service Agreement/Health Care Service Plan (NSA/HCSP) dated 10/18/16 recorded resident had some falls at home prior to admission and will be assisted with bathing, resident can dress him/herself, resident is able to take him/herself to the bathroom and does not wear any briefs or pads. Staff will assist with eyeglasses and staff will provide cueing for times of meals and reminders of activities.

NSA/HCSP addendum dated 10/21/16 recorded hospice services.

Review of resident clinical notes report (nurses notes) recorded resident fell 7 times at the facility on the following dates: 8/11/16, 9/10/16, 10/4/16, 10/13/16, 10/15/16 (resident fell twice at 6:27am and at 11:08pm), and 11/8/16.

Resident roster recorded resident received assistance to toilet, to bathe, has fallen and required 2 assist to transfer.

Observation on 11/15/16 at 11:58am in resident ' s room revealed certified staff #C and #D change resident ' s soiled brief in bed and pull up his/her trousers, then utilizing assistance of 2, transferred

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S3155	Continued From page 5	S3155		

resident with a gait belt to a wheelchair. Resident ' s bed had a winged air mattress in place and a commode was nearby.

Interview with certified staff #C confirmed resident has required assist of two staff for about a month.

NSA/HCSP lacked interventions for dressing, toileting, transfer, mobility, management of medications and treatments, use of a winged air mattress, commode and wheelchair, and appropriate interventions for repeated falls.

Interview on 11/15/16 at 1:45pm licensed nurse #B confirmed NSA/HCSP was most recent, that NSA/HCSP lacked interventions for repeated falls, and resident is now 2 assist for transfers to a wheelchair. He/she stated staff no longer takes resident to the restroom as resident has declined the past few weeks.

Record review for resident #115 recorded admission date of 9/6/16 with diagnoses of arteriosclerotic heart disease, chronic kidney disease, peripheral vascular disease, diabetes mellitus type 1, anemia, vascular dementia, diarrhea, hyperlipidemia, hypertension, edema, and vitamin deficiency.

FCS dated 9/6/16 recorded resident required assistance with management of medications and treatments.

NSA/HCSP dated 9/6/16 lacked interventions for management of medications and treatments.

Record review for resident #116 recorded admission date of 8/30/16 with diagnoses including: acute bronchitis, angina pectoris, atrial fibrillation, congestive heart failure, hypertension

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S3155	Continued From page 6 and obstructive sleep apnea. FCS dated 10/28/16 recorded resident required assistance with bathing, dressing, toileting, transfer, walk/mobility, and management of medications and treatments. NSA/HCSP dated 10/28/16 recorded resident to receive staff assistance with bathing, dressing, and toileting and walk/ mobility, resident uses an electric wheelchair when ambulating in facility out of room. Review of clinical notes report (nurse ' s notes) dated 10/11/16 recorded resident had fallen out of electric scooter and was transported to hospital. Resident roster recorded use of an outside provider (physical and occupational therapy). Observation and interview with resident on 11/15/16 at 3:10pm in resident ' s room revealed an electric scooter in the room, manual wheelchair in the room and resident stated he/she no longer used the electric (wheelchair) scooter. Observation on 11/15/16 at 12:10pm in facility dining room, observed resident in manual wheelchair at the table. NSA/HCSP lacked interventions for use of manual wheelchair, discontinued use of electric (wheelchair) scooter, management of medications and treatments, and appropriate fall interventions. Interview11/15/16 at 1:45pm with licensed staff #B confirmed scooter use is still listed on the NSA/HCSP, NSA/HCSP lacked interventions for	S3155		

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S3155	Continued From page 7 management of medications and treatments and appropriate fall interventions. Confirmed resident received physical and occupational therapy starting 10/28/16 and it is not recorded on the NSA/HCSP. For residents #114, #115 and #116, who require 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.	S3155		
S3200 SS=D	26-41-205 (d) (1-2) Facility Administration of Medications (d) Facility administration of resident ' s medications. If a facility is responsible for the administration of a resident ' s medications, the administrator or operator shall ensure that all medications and biologicals are administered to that resident in accordance with a medical care provider ' s written order, professional standards of practice, and each manufacturer ' s recommendations. The administrator or operator shall ensure that all of the following are met: (1) Only licensed nurses and medication aides shall administer and manage medications for which the facility has responsibility. (2) Medication aides shall not administer medication through the parenteral route. This REQUIREMENT is not met as evidenced by:	S3200		

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S3200	Continued From page 8 KAR 26-41-205(d) The facility reported a census of 36 residents. The sample included 3 residents. Based on record review and interview for 1sampled resident (#114), the operator failed to ensure all medications and treatments were administered in accordance with a medical care provider's written order, professional standards of practice and each manufacturer ' s recommendations. Findings included: - Record review for resident #114 recorded admission date of 7/9/16 and diagnoses of Alzheimer ' s, rheumatic aortic stenosis, ulcerative colitis, diverticulosis, hypertension, hyperlipidemia, hypothyroidism, osteoarthritis, syncope and collapse, History transient ischemic attack, cerebrovascular accident, major depressive disorder and constipation Functional Capacity Screen (FCS) dated 10/18/16 recorded resident required assistance with management of medications and treatments. Negotiated Service Agreement/Health Care Service Plan (NSA/HCSP) dated 10/18/16 lacked interventions for management of medications and treatments. Review of physician order sheet October 2016 signed by the physician on 10/5/16 recorded the following medications:	S3200		

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S3200	Continued From page 9 Amlodipine besylate 10mg (milligrams) (for high blood pressure) (give 10mg) tablet oral one time daily and Lisinopril 5mg (for high blood pressure) (give 5mg) tablet oral one time daily. Review of resident ' s November 2016 medication record recorded both medications were discontinued on 11/11/16. Interview on 11/15/16 at 1:45pm with licensed nurse #B stated the two medications were discontinued on 11/11/16 thru hospice by resident ' s physician, " They gave me a telephone order, I discontinued them but I did not write the telephone orders yet. " Review of resident clinical notes report (nurse ' s notes) and available hospice notes, both lacked record of physician orders for discontinuation of the two medications. For resident #114, the operator failed to ensure all medications and treatments were administered in accordance with a medical care provider's written order, professional standards of practice and each manufacturer ' s recommendations.	S3200		
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	S3261		

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S3261	Continued From page 10 by: KAR 26-41-105(f)(11) The facility reported a census of 36 residents. The sample included 3 residents Based on record review and interview for 2 (#114 and #115) sampled residents, the operator failed to ensure documentation of all incidents and indications of injury including date, time of occurrence, action taken and results of the action. Findings included: - Record review for resident #114 recorded admission date of 7/9/16 and diagnoses of Alzheimer ' s, rheumatic aortic stenosis, ulcerative colitis, diverticulosis, hypertension, hyperlipidemia, hypothyroidism, osteoarthritis, syncope and collapse, History transient ischemic attack, cerebrovascular accident, major depressive disorder and constipation Functional Capacity Screen (FCS) dated 10/18/16 recorded resident required assistance with management of medications and treatments. Negotiated Service Agreement/Health Care Service Plan (NSA/HCSP) dated 10/18/16 lacked interventions for management of medications and treatments. Clinical Notes report (nurse ' s notes) dated 8/3/16 at 12:09am recorded resident was transported to hospital. Next entry is dated 8/11/16 at 8:31am recording resident fell.	S3261		

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S3261	Continued From page 11	S3261		

Record lacked entry regarding resident ' s readmission from the hospital.

Interview on 11/15/16 at 2:15pm with licensed nurse #B stated resident returned from the hospital three days later. He/she confirmed record lacked documentation of return from hospital, assessment upon readmission, and results of hospitalization.

Record review for resident #115 recorded admission date of 9/6/16 with diagnoses of arteriosclerotic heart disease, chronic kidney disease, peripheral vascular disease, diabetes mellitus type 1, anemia, vascular dementia, diarrhea, hyperlipidemia, hypertension, edema, and vitamin deficiency.

FCS dated 9/6/16 recorded resident required assistance with management of medications and treatments.

NSA/HCSP dated 9/6/16 lacked interventions for management of medications and treatments.

Clinical notes report (nurse ' s notes) admission note dated 9/6/16 at 6:30pm recorded bruises on resident ' s left upper arm and right arm. Record lacked measurement/description of bruises.

Clinical records report dated 10/10/16 at 3:19pm recorded resident visited the cardiologist. Next entry dated 10/27/16 at 10:22pm recorded: " (resident) has had pacemaker placed, he/she returns with orders not to lift arms higher than shoulders and to not lay on affected side. "

Record lacked entry of resident transfer from facility for surgical placement of a pacemaker and follow-up documentation for condition of surgical

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S3261	Continued From page 12 site. Interview on 11/15/16 at 2:15pm with licensed nurse #B confirmed record lacked entry for transfer out of facility for surgery and follow-up documentation of surgical site stating, it did not have a dressing and facility was not given any orders to do anything to the site. For residents #114 and #115, the operator failed to ensure documentation of all incidents and indications of injury including date, time of occurrence, action taken and results of the action.	S3261		