STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	B105114	A. BUILDING: _____ B. WING _____	10/26/2016

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
JOHNSONVILLE HOME LLC	2419 N 22ND ST KANSAS CITY, KS 66104

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
S 000	INITIAL COMMENTS The following citations represent the findings of a resurvey with complaints at the above listed home plus facility conducted on 10-25-16 and 10-26-16.	S 000		
S5155 SS=D	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 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 8 home plus residents and 2 day care residents. The sample included 3 residents. Based on observation, record review and interview for 1 (#517) of 3 sampled residents, the operator failed to ensure the licensed nurse provided or coordinated the provision of interventions to address the cognitively impaired resident's risk for falls. Resident #517 experienced 2 falls in March 2016 with no interventions put in place then experienced a fall on 10-14-16 which resulted in a bruised left eye. Findings included: - Record review for resident #517 revealed	S5155		

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

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S5155	Continued From page 1	S5155		

admission on 2-15-14 with diagnoses Vascular Dementia with Behavioral Disturbance, Depression, Glaucoma, Diastolic Dysfunction, Anemia and Excessive Somnolence Disorder.

The Functional Capacity Screen (FCS) dated 10-28-15 recorded resident required physical assistance with transfers, walking/mobility and eating; unable to perform bathing, dressing, toileting, management of medications and management of treatments. Usually continent of bladder. Cognition: problems with short term memory, long term memory, and decision-making. Current problems identified included falls, impaired vision and impaired decision-making. Note: The FCS was updated on 2-6-16 with changes for walking/mobility (unable to perform) and bladder (occasionally incontinent). No corresponding updates noted to Negotiated Service Agreement/Health Care Service Plan (NSA/HCSP).

The Negotiated Service Agreement/Health Care Service Plan (NSA/HCSP) dated 10-28-15 recorded assistance with bathing, dressing, toileting, ambulation/transfer. Resident uses cane independently. " (Resident) is able to walk with a steady gait. Staff will monitor resident. " The NSA/HCSP lacked documentation of health care services to address resident's fall risk.

Fall Risk Assessment dated 3-9-16 by licensed staff A recorded the following:
History of 1 fall in last 180 days; " impaired vision (legally blind) " ; walking forward - " only with assistance " ; use mobility devices when ambulating; unsteady gait. " Staff will use gait belt with transfer. Wheelchair and cane available with needed. "
Summary: " (resident) experiences periods of

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S5155	Continued From page 2	S5155		

confusion when is not able to fully function (walking or talking clearly). At these times, a wheelchair is the transportation device used to assist (resident). Staff will use gait belt when assisting (resident) with transfers. A gait belt will help prevent falls. Ensure no unnecessary clutter is around to decrease fall risk potential. "

Nurses Notes stated the following:
3-15-16 at 2:46 p.m.: " Called and notified (family member) that (resident) had fallen while walking into dining room on his/her right knee. No swelling or pain at site. Only a minor scratch. " Signed by licensed staff A.
3-19-16: " Informed by staff today that resident had fall again on right knee. The incident occurred early on Friday morning. Knee has no swelling; resident states no pain at site. Scarring occurring at site ...reinforced how to minimize fall risk and importance of using gait belt when transferring resident. Resident should never ambulate independently. Staff verbalized understanding. " Signed by licensed staff A. (Note: NSA/HCSP lacked documentation of use of gait belt for transfers and staff assistance with ambulation to address fall risk.)
10-17-16: Fall assessment performed today because of fall on 10-14-16. " Signed by licensed staff B.
10-17-16: " Full assessment completed today on resident after fall reported today. Left eye is bruised and slightly swollen. Sclera is reddened. No other changes noted. Family notified ...earlier today. Elevated surface on floor blocked off by gate to help prevent future falls. " Signed by licensed staff A. (Note: NSA lacked documentation of use of gate to prevent falls.)

The resident experienced two falls in March 2016. The NSA/HCSP lacked documentation of

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S5155	Continued From page 3 interventions to address resident ' s fall risk (use of gait belt with transfers and staff assistance with ambulation) and the resident experienced another fall on 10-14-16. Observation of resident on 10-25-16 at 2:34 p.m. revealed the cognitively impaired resident wearing a gait belt and able to stand with staff assistance (cueing, encouragement and physical assist). Staff walked backwards in front of resident holding both his/her hands and cued resident to take steps forward. Staff must cue resident to step up or down when walking from dining room to kitchen (small 4 inch step down). Resident completely unaware of level changes in flooring. Interview on 10-25-16 at 3:05 pm with operator confirmed the facility lacked documentation of investigation regarding the cause of resident's falls and documentation on the HCSP of interventions to address resident's fall risk. For resident #517, the operator failed to ensure the licensed nurse provided or coordinated the provision of interventions to address the cognitively impaired resident's risk for falls. Resident #517 experienced 2 falls in March 2016 with no interventions put in place then experienced a fall on 10-14-16 which resulted in a bruised left eye.	S5155		
S5156 SS=D	26-42-204 (b) Health Care Services (b) If the functional capacity screening indicates that a resident is in need of health care services, a licensed nurse, in collaboration with the resident, the resident ' s legal representative, the case manager, and, if agreed to by the resident	S5156		

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S5156	Continued From page 4 or resident ' s legal representative, the resident ' s family, shall develop a health care service plan to be included as part of the negotiated service agreement. This REQUIREMENT is not met as evidenced by: KAR 26-42-204(b) The facility reported a census of 8 home plus residents and 2 day care residents. The sample included 3 residents. Based on record review and interview for 1 (#516) of 3 sampled residents whose functional capacity screen indicated the residents needed health care services, the operator failed to ensure a licensed nurse, in collaboration with the resident and/or resident's legal representative developed a health care service plan to be included as part of the negotiated service agreement. Findings included: - Record review for resident #516 revealed admission on 8-15-16 with diagnoses Dementia, Malnutrition and Ataxic Gait. The record contained a Functional Capacity Screen dated 3-19-16 which indicated the resident required health care services as follows: Physical assistance with bathing, toileting, transfers, walking/mobility. Frequently incontinent of urine. Cognition: problems with short term memory, long term memory, memory/recall and decision-making. Current problems identified included falls, impaired vision , impaired hearing and impaired decision-making. Mobility Devices: "need to further assist on mobility appliance need." Note: The record lacked a FCS which	S5156		

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S5156	Continued From page 5 corresponded to resident's actual date of admission on 8-15-16. The Negotiated Service Agreement (NSA) dated 8-15-16 indicated an "A" for assist with dressing, toileting, eating, and management of medication/treatment. Walking/Mobility designated "N/A" (not applicable) with no services for assistance. The NSA failed to describe how these services were to be delivered. Interview on 10-25-16 at 1:45 p.m. with operator, confirmed the NSA lacked a health care service plan. For resident #516, the operator failed to ensure a licensed nurse, in collaboration with the resident and/or resident's legal representative developed a health care service plan to be included as part of the negotiated service agreement.	S5156		
S5300 SS=D	26-42-205 (d) (1-2) Facility Administration of Medications (d) Home administration of resident ' s 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.	S5300		

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S5300	Continued From page 6 This REQUIREMENT is not met as evidenced by: KAR 26-42-205(d) The facility reported a census of 8 home plus residents and 2 day care residents. The sample included 3 residents. Based on record review and interview for 1 (#517) of 3 sampled residents, the operator failed to ensure all medications and biologicals were administered to that resident in accordance with professional standards of practice. Findings included: - Record review for resident #517 revealed admission on 2-15-14 with diagnoses Vascular Dementia with Behavioral Disturbance, Depression, Glaucoma, Diastolic Dysfunction, Anemia and Excessive Somnolence Disorder. The Functional Capacity Screen (FCS) dated 10-28-15 recorded resident unable to perform management of medications and management of treatments. Cognition: problems with short term memory, long term memory, and decision-making. Current problems identified included falls, impaired vision and impaired decision-making. The Negotiated Service Agreement/Health Care Service Plan (NSA/HCSP) dated 10-28-15 recorded assistance with Management of Medication/Treatment: Facility nurse and CMAs (Certified Medication Aides) will ensure all medication and treatments are administered.	S5300		

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S5300	Continued From page 7 Review of Medication Administration Record (MAR) for October 2016 revealed the following: Quetiapine Fumarate (antipsychotic) 25 mg (milligrams) tab (tablet), Take one tab by mouth every 4 hours as needed for extremely agitated behaviors with delusions. Not to exceed 1 tab/24 hours. The MAR documented a CMA administered the medication on 10-18-16. The MAR lacked documentation of time of administration, indication for giving the medication, consultation with a licensed nurse prior to administration and follow up for effectiveness of medication. Interview on 10-25-16 at 3:15 p.m. with operator confirmed the form lacked documentation of time of administration, consultation with a licensed nurse prior to administering the medication, indication for administration of the psychoactive medication and any follow up regarding effectiveness of the medication. Further confirmed review of nurse's notes failed to reveal any documentation from the licensed nurse regarding administration of the psychoactive medication including instructions to staff to administer. For resident #517, the operator failed to ensure all medications and biologicals were administered to that resident in accordance with professional standards of practice when a certified medication aide administered a psychoactive medication without instruction from a licensed nurse.	S5300		