

Kansas Department on Aging

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: B046049	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____	(X3) DATE SURVEY COMPLETED 08/15/2016
NAME OF PROVIDER OR SUPPLIER CLOVER CARE HOME		STREET ADDRESS, CITY, STATE, ZIP CODE 6320 ZARDA DRIVE SHAWNEE, KS 66226		
(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 on 8/10/16, 8/11/16, and 8/15/16 at the above named home plus facility in Shawnee, Kansas.	S 000		
S5105 SS=E	26-42-202 (a) Negotiated Service Agreement a) The administrator or operator of each home plus shall ensure the development of a written negotiated service agreement for each resident, based on the resident ' s functional capacity screening, service needs, and preferences, in collaboration with the resident or the resident ' s legal representative, the case manager, and, if agreed to by the resident or the resident ' s legal representative, the resident ' s family. The negotiated service agreement shall provide the following information: (1) A description of the services the resident will receive; (2) identification of the provider of each service; and (3) identification of each party responsible for payment if outside resources provide a service. This REQUIREMENT is not met as evidenced by: KAR 26-42-202 (a) The census equaled 6 the sample included 3 residents. Based on reviews of facility records for 2 of 3 residents (#811 and #812), the operator failed to ensure the Negotiated Service Agreement (NSA) completed for residents who required health care services, contained a description of the services the resident will receive, identification of the provider of each service and identification of each party	S5105		

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

TITLE

(X6) DATE

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S5105	Continued From page 1 responsible for payment if outside resources provide a service. Findings included: - Record review for resident #811 recorded admission date of 2/17/14 included diagnoses of HTN, HLD (hyperlipidemia), bradycardia, dementia, anemia, incontinence and hearing loss. FCS (functional capacity screen) dated 8/27/15 recorded resident required assistance with transfer, walk/mobility, management of medications and treatments and has a history of falls/ unsteadiness. NSA (negotiated service agreement) and HCSP (health care service plan) dated 8/27/15 recorded resident to receive staff assistance with transfer moderate assist - fluctuates with fatigue. W/c (wheelchair) bound. Required moderate assist with w/c mobility, transfer pole. Facility staff will administer medications and manage medical treatments. Outside agency services: (Blank) Physician ' s telephone order dated 7/5/16 recorded: please consult Physical therapy (PT) to evaluate and treat as indicated for increased weakness, difficulty with transfers. Facility documentation sheet: Physical Therapy: dated 7/6/16 recorded: patient was seen for PT admission today ... NSA lacked entry for resident use of an outside provider, identification of the outside provider and payment source of the outside provider.	S5105		

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S5105	Continued From page 2 Interview on 8/11/16 at 12:45pm with facility operator confirmed resident PT was started on 7/6/16 and NSA lacked entry for an outside provider. Record review for resident #812 recorded admission date of 4/28/16 with diagnoses including: defibrillator/pacemaker, lymphedema, vascular dementia, atrial fibrillation, congestive heart failure, hyperthyroid, glaucoma and constipation. FCS dated 4/28/16 recorded resident required supervision with transfers, assistance with walk/mobility, management of medications and treatments, and has a history of falls/unsteadiness. NSA and HCSP dated 5/5/16 recorded facility staff to provide supervision with transfers, supervision using walker and assist of 1 in the evening. Facility staff will administer medications and manage medical treatments. Resident has a history of falls with video monitor for safety at night. Outside agency services: (Blank) Physician ' s telephone order dated 5/5/16 recorded orders for home health skilled nursing, physical therapy, occupational therapy and speech therapy. Facility documentation sheets recorded resident services notes from the following outside providers: skilled nursing (5/24/16 to 6/14/16) Occupational therapy (5/31/16 to 6/2/16) and Speech therapy (5/10/16). NSA lacked entries for resident use of outside providers, identification of the outside providers and payment source of the outside providers.	S5105		

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S5105	Continued From page 3 Interview on 8/11/16 at 12:45pm facility operator confirmed resident use of outside providers for skilled nursing, physical therapy, occupational therapy and speech therapy. He/she confirmed the NSA lacked entries for the use of outside providers. For residents #811 and #812, who required health care services, the operator failed to ensure the NSA contained a description of the services the resident will receive, identification of the provider of each service and identification of each party responsible for payment if outside resources provide a service.	S5105		
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 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 6 residents. The sample included 3 residents. Based on record review, observation and interview for 3 (#810 #811 and #812) sampled residents, requiring health care services, the operator failed to ensure	S5155		

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S5155	Continued From page 4 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 #810 recorded admission date of 6/1/13 with diagnoses of: allergies, anxiety, CVA (cerebrovascular accident) dementia, GERD (gastroesophageal reflux disease), HTN (hypertension), hyponatremia, hypothyroidism, overactive bladder and sciatica. Functional Capacity Screen (FCS) dated 4/6/16 recorded resident required assistance with transfer, walk/mobility and has a history of falls/unsteadiness. Negotiated Service Agreement (NSA) and Health Care Service Plan (HCSP) dated 4/6/16 recorded resident to receive staff assistance of SBA (stand by assistance) during AM (morning) and minimal assistance in the evening with fatigue for transfer and SBA with walker in the AM and minimal assist in the evening with fatigue. Fall interventions include a video monitor at night/ staff to assist with unsteadiness. Observation on 8/10/16 at 3:25pm in resident ' s room with operator, revealed 2 white, half side rails on resident bed. HCSP lacked entry for use of side rails. Interview on 8/11/16 at 12:45pm with facility operator confirmed resident has 2 half side rails on his/her bed for mobility and reposition and	S5155		

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S5155	Continued From page 5 transfers and resident ' s NSA/HCSP lacked entries for their use. Record review for resident #811 recorded admission date of 2/17/14 included diagnoses of HTN, HLD (hyperlipidemia), bradycardia, dementia, anemia, incontinence and hearing loss. FCS dated 8/27/15 recorded resident required assistance with transfer, walk/mobility and has a history of falls/ unsteadiness. NSA and HCSP dated 8/27/15 recorded resident to receive staff assistance with transfer moderate assist - fluctuates with fatigue. W/c (wheelchair) bound. Required moderate assist with w/c mobility, transfer pole. Observation on 8/10/16 at 3:25pm in resident ' s room, revealed a twin bed with a silver metal half bed rail on left side of bed in up position, floor to ceiling " transfer " pole between bed and recliner. Observation on 8/10/16 at 5:05pm in resident ' s room, revealed a small observation camera on the dresser. NSA/HCSP lacked entries for resident use of bedrail and camera monitoring. Interview on 8/11/16 at 12:45pm with facility operator confirmed resident has a camera for fall/safety monitoring and side rail he/she uses for transfers and resident ' s NSA/HCSP lacked entries for their use. Record review for resident #812 recorded admission date of 4/28/16 with diagnoses including: defibrillator/pacemaker, lymphedema,	S5155		

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S5155	Continued From page 6 vascular dementia, atrial fibrillation, congestive heart failure, hyperthyroid, glaucoma and constipation. FCS dated 4/28/16 recorded resident required supervision with transfers, assistance with walk/mobility and had a history of falls/unsteadiness. NSA and HCSP dated 5/5/16 recorded facility staff to provide supervision with transfers, supervision using walker and assist of 1 in the evening. Resident has a history of falls with video monitor for safety at night. Observation on 8/10/16 at 3:25pm in resident ' s room revealed a transfer bar attached to the left side of resident ' s twin bed and floor to ceiling transfer pole in middle of room. Interview with facility operator on 8/11/16 at 12:45pm confirmed resident has a transfer pole and bed cane and he/she uses them for transfers. Confirmed NSA/HCSP lacked entries for transfer pole and bed cane. For residents #810, #811 and #812 who required 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			