

Kansas Department on Aging

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: N046068	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____	(X3) DATE SURVEY COMPLETED 08/08/2016
NAME OF PROVIDER OR SUPPLIER THE GABLES AT OVERLAND PARK		STREET ADDRESS, CITY, STATE, ZIP CODE 11701 NIEMAN ROAD OVERLAND PARK, KS 66210		
(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 assisted living facility in Overland Park, Kansas on 8/3/16, 8/4/16 and 8/8/16.	S 000		
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 31 residents. The sample included 3 residents and 3 focus review residents. Based on record review, observation and interview for 1 (#804) sampled resident and 2 (#807 and #808) focus review residents, 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 #804 recorded admission date of 5/1/15 with diagnoses of:	S3155		

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

TITLE

(X6) DATE

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S3155	Continued From page 1 metabolic encephalopathy, diabetes mellitus type 2, bipolar and anxiety. Functional Capacity Screen (FCS) dated 5/6/16 recorded resident required supervision with transfer, walk/mobility and has a history of falls/unsteadiness and is unable to do management of medications and treatments. Negotiated Service Agreement/Health Care Service Plan (NSA/HCSP) dated 5/6/16 recorded resident to receive assistance of one with transfer and walk/mobility at all times, resident has an assistive device, a wheelchair. RN (registered nurse) LPN (licensed practical nurse) or CMA (certified medication aide) to administer all medications per physician 's orders and do FSBS (blood glucose checks) Review of resident roster recorded resident self-injects own insulin. Observation on 8/3/16 at 4:55pm in resident ' s room revealed resident in a wheelchair, with 2 half side rails on resident ' s bed and a CPAP (continuous positive airway pressure) machine (used for sleep apnea) on bedside stand. Interview on 8/3/16 at 4:55 with resident # 804 confirmed he/she self-injects own insulin. He/she confirmed use of a CPAP machine at night and resident stated he/she used the side rails to get into and out of the bed. NSA/HCSP lacked entries for resident use of a CPAP machine and side rails and entry for self-administration of insulin injections. Interview on 8/4/16 at 10:30am with licensed staff # J confirmed resident self -injects insulin, uses a CPAP machine and has side rails on his/her bed	S3155		

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S3155	Continued From page 2 and the NSA/HCSP lacked entries for these interventions. Record review for resident #807 recorded admission date of 8/31/12 with diagnoses of: Parkinson ' s, hypertension, insomnia, and muscle weakness. FCS dated 5/19/16 recorded resident required assistance with transfer and supervision with walk/mobility. NSA/HCSP dated 5/19/16 recorded resident required staff assistance with transfers of one, occasionally of two staff, at all times. Resident uses assistive devices wheelchair and walker. Observation on 8/4/16 at 10:00am in resident ' s room revealed 1 quarter side rail in up position on right side of resident ' s bed. Interview on 8/4/16 at 10:00am with resident #807 stated he/she uses the rails " to keep from falling out " and " they are not long enough for me. " Also stated he/she uses the rails " to help turn and transition in and out of bed " . NSA/HCSP lacked entry for resident use of side rails. Interview on 8/4/16 at 11:50am with licensed staff #J confirmed resident has side rails and the NSA/HCSP lacked entry for use of side rails. Record review for resident #808 recorded admission date of 2/1/14 with diagnoses of: left hip replacement, muscle weakness, atrial fibrillation, hypertension, senile depression and malnutrition.	S3155		

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S3155	Continued From page 3 FCS dated 2/12/2016 recorded resident required assistance with transfers and was unable to perform walking/mobility. NSA/HCSP dated 2/12/16 recorded resident to receive assistance of one at all times with transfers, resident does not ambulate and resident to receive assistance of one at all times, uses wheelchair and walker (seldom). Observation on 8/4/16 at 10:00am in resident ' s room revealed a twin bed with one quarter side rail in down position on right side. NSA/HCSP lacked entry for use of side rail. Interview on 8/4/16 at 11:50am with licensed staff #J confirmed NSA/HCSP lacked entry for resident use of a side rail. Interview on 8/4/16 at 11:25pm with licensed staff #J and operator # G also stated facility has not completed assessments for ability to use or need for side rails. Facility does not have a safety check program for side rails. For residents #804, #807 and #808, 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		
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;	S3256		

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S3256	Continued From page 4 (2) destruction; (3) fire; (4) theft; and (5) unauthorized use. This REQUIREMENT is not met as evidenced by: KAR 26-41-105(c)(5) The facility reported a census of 31 residents. The sample included 3 residents and 3 focus review residents. Based on observation and interview for all residents, the operator failed to ensure the safeguarding of resident records against unauthorized use. Findings Included: On 8/3/16 at 9:34am during facility tour observed resident charts in 3 ring folders on an open rack inside the nurse ' s room next to the door. Door was open. Nurse office is located at the front of the building right next to the front entry doors. Interview on 8/3/16 at 9:34am with facility operator # G stated the nurse office was always open " the emergency numbers are in here. " Observed the following: 8/3/16 at 12:05pm nurse office door open, no staff present in area. 8/4/16 at 9:40am, nurse office door open, no staff	S3256		

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S3256	Continued From page 5 present in area. 8/4/16 at 10:20am, nurse office door open, no staff present in area. Interview on 8/4/16 at 11:50am with operator #G confirmed nurse office is unlocked at all times and resident charts are always accessible. For all residents, the operator failed to ensure the safeguarding of resident records against unauthorized use.	S3256		
S3400 SS=F	28-39-255 DIETARY AREAS (d) Dietary areas. A dietary area or areas shall provide for sanitary meal preparation or service for residents. (1) The facility shall provide disposal of waste by incineration, mechanical destruction, removal or a combination of these. The facility shall use containers with tightly fitting lids to store waste. (2) Ceilings in the dietary areas shall be cleanable by dustless methods, such as vacuum cleaning or wet cleaning. These areas shall not have exposed or unprotected sewer lines. This REQUIREMENT is not met as evidenced by: KAR 28-39-255(d) The facility reported a census of 31 residents. The sample included 3 residents and 3 focus review residents. Based on observation and interview for all residents, the operator failed to	S3400		

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S3400	Continued From page 6 ensure the dietary area provided for sanitary meal preparation and service for residents. Findings included: - On 8/3/16 at 9:10am during tour of the facility kitchen with facility operator #G observed the following: Large trash can by open shelves of food, no lid on trash can. Large trash can near stove/oven and food prep area. Open bowl of egg mixture on food prep counter. No lid on trash can. Oven contained black burnt debris on bottom and sides, handles on oven doors dirty with food debris. Food cooking on stovetop. Overhead stove vents dark brown with greasy debris. On 8/3/16 at 9:15 am, facility operator #G, confirmed dirty oven and uncovered trash cans and stated stove vents are to be cleaned every Sunday. Kitchen staff #H placed lids on trash cans and confirmed he/she had not cleaned the stove vents on Sunday or "in a while." For all residents, who all received food service at the facility, the operator failed to ensure the dietary area provided for sanitary meal preparation and service for residents.	S3400		