

Kansas Department on Aging

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: B046036	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____	(X3) DATE SURVEY COMPLETED 06/08/2016
NAME OF PROVIDER OR SUPPLIER SENIORCARE HOMES HANOVER HOUSE		STREET ADDRESS, CITY, STATE, ZIP CODE 9939 FOSTER STREET OVERLAND PARK, KS 66212		
(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 at the above named home plus facility in Overland Park, Kansas on 6/7/16 and 6/8/16.	S 000		
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 5 residents. The sample included 3 residents and 1 focus review resident. Based on record review, observation and interview for 3 (#607, #609 and #610) sampled 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 #607 recorded admission date of 4/4/16 with diagnoses of	S5155		

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

TITLE

(X6) DATE

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S5155	Continued From page 1 dementia, hypertension, diabetes mellitus 2, depression, DJD (degenerative joint disease) macular degeneration and duodenal ulcer. Functional Capacity Screen (FCS) dated 4/2/16 recorded resident required assistance with transfer, walk/mobility, has a history of falls, impaired vision and impaired decision making. Negotiated Service Agreement (NSA) dated 4/4/16 recorded resident to receive assistance from staff with transfers, walking, with special equipment: bed cane. Health Care Service Plan (HCSP) dated 4/4/16 recorded resident to have a bed cane at the head of the bed for safety. HCSP lacked entry for bed rails on resident bed and bed cane on couch. Observation on 6/7/16 at 10:50am in resident ' s room revealed resident asleep in bed with a half rail in up position on one side of the bed and a bed cane on the couch at the right end. Interview on 6/7/16 at 2:43pm with licensed staff #D, confirmed resident has 2 half side rails on the bed, HCSP records a bed cane for safety, does not record use of half rails, stating: when he/she gets a UTI (urinary tract infection) he/she will roll out of bed. He/she confirmed bed cane on couch stating " no reason it is on couch, it should be downstairs really. " Record review for resident # 609 recorded admission date of 5/17/16 included diagnoses of chronic systolic congestive heart failure with ejection fracture of less than 20%, CKD (chronic kidney disease) stage 4 and history of colon	S5155		

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S5155	Continued From page 2 cancer. FCS dated 5/17/16 recorded resident required supervision with transfers and walk/mobility and has a history of falls. NSA dated 5/18/16 recorded resident to receive assistance with transfers/ ambulation. HCSP dated 5/18/16 recorded resident to have a chair alarm on when in the recliner lift chair where resident prefers to sleep. Observation on 6/7/16 at 10:50 am during interview with resident, half bed rail noted on left hand side of bed. Resident stated she uses the rail to help turn in bed. HCSP lacked entry for use of bed rail. Interview on 6/7/16 at 2:43pm with licensed staff #D confirmed bed rail on resident 's bed and HCSP lacked entry for bed rail. Record review for resident # 610 recorded admission date of 12/21/15 with diagnoses of diabetes mellitus, hypertension, congestive heart failure and bladder cancer. FCS dated 12/23/16 recorded resident to receive supervision with transfers and resident has problems with memory/recall. NSA dated 12/28/16 recorded resident to receive assistance with transfers. HCSP dated 12/28/16 recorded resident to have a motion detector on at bedside when I am in bed.	S5155		

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S5155	Continued From page 3 Observation on 6/7/16 at 10:50am in resident ' s room, revealed a queen size bed with 2 bed canes at the top of the bed on each side. An approximate 10 " gap was noted between the canes and the mattress. HCSP lacked entry for use of bed canes. Interview on 6/7/16 at 2:43pm with licensed staff #D confirmed 2 bed canes on resident ' s bed stating resident uses them to help get up in the morning and HCSP lacked entry for the bed canes. Interview on 6/7/16 at 3:20pm with licensed staff #D in resident ' s room confirmed 2 bed canes on resident bed with an approximate 10 " gap between the canes and the mattress. Interview on 6/7/16 at 3:20pm with licensed staff #D confirmed lack of assessments for placement of side rails and bed canes, lack of a safety program/ monitoring for side rails and bed canes and facility does not have a policy on side rail use. The operator failed to ensure that a licensed nurse provided and coordinated 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 as evidenced by the use of side rails and/or bed canes for residents # 607, #609 and #610.	S5155		
S5165 SS=E	26-42-204 (e) Delegation of Duties (e) A licensed nurse may delegate nursing	S5165		

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S5165	Continued From page 4 procedures not included in the nurse aide or medication aide curriculums to nurse aides or medication aides, respectively, under the Kansas nurse practice act, K.S.A. 65-1124 and amendments thereto. This REQUIREMENT is not met as evidenced by: KAR 26-42-204(e) The facility reported a census of 5 home plus residents. The sample included 3 residents and 1 focus review resident. Based on record review and interview for 1 (#607) sampled resident and 1 focus review resident (#610) requiring blood sugar monitoring with a glucometer, a nursing procedure not included in the medication aide curriculum, the operator failed to ensure the licensed nurse delegated the procedure to medication aides under the Kansas nurse practice act, K.S.A. 65-1124 and amendments thereto. Findings included: - Review of resident records revealed 2 residents (#607, #610) required blood sugar monitoring with a glucometer. Review of personnel record for certified medication aide (CMA) #F hire date 11/12/15, CMA # G hire date 9/9/15 and CMA #H hire date 4/9/15 revealed the records lacked documentation of education or assessment of competency by a licensed nurse for delegation of blood sugar monitoring with a glucometer. Interview on 6/7/16 at 1:50pm licensed staff #E	S5165		

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S5165	Continued From page 5 confirmed lack of documentation of competency check for CMAs # F #G and #H, and confirmed they administer medications/treatments and do blood sugar monitoring with a glucometer and stated " I do not have any glucometer competency exams on any CMAs, I just kind of ask them if they know how. " Interview on 6/7/16 at 2:45pm with licensed staff #D confirmed 2 residents (#607 and #610) require blood glucose monitoring with a glucometer. For CMAs #F #G and #H, the licensed nurse failed to delegate nursing procedures (as outlined under the Kansas Nurse Practice Act 65-1124) to CMAs related to glucometer checks.	S5165		
S5316 SS=E	26-42-205 (i) Disposition of Medication (i) Accountability and disposition of medications. Licensed nurses and medication aides shall maintain records of the receipt and disposition of all medications managed by the home in sufficient detail for an accurate reconciliation. (1) Records shall be maintained documenting the destruction of any deteriorated, outdated, or discontinued controlled medications and biologicals according to acceptable standards of practice by one of the following combinations: (A) Two licensed nurses; or (B) a licensed nurse and a licensed pharmacist. (2) Records shall be maintained documenting the destruction of any deteriorated, outdated, or discontinued non-controlled medications and biologicals according to acceptable standards of practice by any of the following combinations: (A) Two licensed nurses; (B) a licensed nurse and a medication aide;	S5316		

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S5316	Continued From page 6 (C) a licensed nurse and a licensed pharmacist; or (D) a medication aide and a licensed pharmacist. This REQUIREMENT is not met as evidenced by: KAR 26-42-205(i) The facility reported a census of 5 residents. The sample included 3 residents and 1 focus review resident. Based on observation, record review, and interview, certified medication aides and the licensed nurse failed to maintain records of the disposition of medications in sufficient detail for an accurate reconciliation for all residents receiving medications. Findings included: - On 5/7/16 at 9:15am during facility tour with licensed staff # E, observed the following: In the kitchen in a locked cabinet over the microwave: 1 bottle of glucosamine sulfate (a supplement) 100mg tablets manufacturer expiration date	S5316		

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S5316	Continued From page 7 9/16 (for a resident not listed on the resident roster), written on the bottle, 1 bottle of Prevalin (an allergy medication) with prescription label (for a resident not listed on the resident roster) filled 1/15/15. 1 box of Ipratropium Bromide and albuterol sulfate inhalation treatment vials (a prescription breathing medication) 0.5mg (milligrams) solution 3mg/ml (milliliters) 25 vials, with a prescription label (for a resident not listed on the resident roster). 3 boxes of Advair Diskus 250/50 (a prescription asthma inhaler), one box with prescription label (for a resident not listed on the resident roster) and 2 boxes marked stock with a black marker. Expiration Dates: 11/15, 4/16 and 1/16. Licensed staff #E confirmed the above residents no longer reside at this facility. In the wood file cabinet (where resident medications are stored) the bottom drawer contained an unlabeled plastic baggie containing 3 unlabeled bottles: 1 bottle Levobunolol Hydrochloride ophthalmic solution (prescription eye medication) 0.5% Expiration date: 8/12 1 bottle Levobunolol Hydrochloride ophthalmic	S5316		

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S5316	Continued From page 8 solution (prescription eye medication) 0.5% Expiration date: 6/11 1 bottle Latanoprost ophthalmic solution (prescription eye medication) 0.005% 2.5ml Expiration date: 8/15 Licensed staff #E stated they belong to a current resident. Interview on 6/7/16 at 4:10pm with licensed staff #D reported: They do not have a facility medication destruction log book. Medications are destroyed by 2 nurses. A form is completed. One copy is sent to the pharmacy the other is placed in the resident ' s chart. He/she stated: CMAs (certified medication aides) let us know when meds need to be destroyed. Upon asking for a completed destruction record from a resident ' s chart licensed nurse #D was unable to find one. Facility policy titled: disposition of medications read as follows: " Any medication that can ' t be returned for credit will be destroyed (in the facility). " " A written record will be kept of all medications that have been destroyed or returned to the pharmacy using the return/destroyed forms provided by the pharmacy. " Based on observation, record review, and interview, certified medication aides and the licensed nurse failed to maintain records of the disposition of medications in sufficient detail for an accurate reconciliation for all residents	S5316		

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S5316	Continued From page 9 receiving medications.	S5316			