STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	B046056	A. BUILDING: _____ B. WING _____	06/18/2015

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
THE PRAIRIE ELDER HOMES	15354 QUIVIRA OVERLAND PARK, KS 66223

(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 an initial survey conducted at the above named home plus facility on 6-16-15, 6-17-15, and 6-18-15.	S 000		
S5028 SS=E	26-42-101 (f) (3) Staff Treatment of Residents Reporting (f) (3) Each allegation of abuse, neglect, or exploitation shall be reported to the administrator or operator of the home as soon as staff is aware of the allegation and to the department within 24 hours. The administrator or operator shall ensure that all of the following requirements are met: (A) An investigation shall be started when the administrator or operator, or the designee, receives notification of an alleged violation. (B) Immediate measures shall be taken to prevent further potential abuse, neglect, or exploitation while the investigation is in progress. (C) Each alleged violation shall be thoroughly investigated within five working days of the initial report. Results of the investigation shall be reported to the administrator or operator. (D) Appropriate corrective action shall be taken if the alleged violation is verified. (E) The department ' s complaint investigation report shall be completed and submitted to the department within five working days of the initial report. (F) A written record shall be maintained of each investigation of reported abuse, neglect, or exploitation. This REQUIREMENT is not met as evidenced by:	S5028		

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

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S5028	Continued From page 1 KAR 26-42-101(f)(3) The facility reported a census of 8 home plus residents and 1 day care resident. The sample included 3 residents and 1 day care resident. Based on record review and interview for 2 of 3 sampled residents, the operator/nurse failed to ensure each allegation of abuse or neglect shall be reported to the department within 24 hours. Findings included: - Record review on 6-16-15 for resident #103 revealed admission on 4-20-15 with diagnoses Dyspepsia, Anxiety, Psychosis, Depression, Insomnia, Dementia with Behavior Disorder. The functional capacity screen dated 4-20-14 recorded resident required physical assistance with bathing, dressing, toileting, transfers, walking/mobility and eating; and unable to perform management of medications and treatments. Frequently incontinent of bladder. Cognition: problems with short term memory, long term memory, memory/recall and decision-making. Current problems/risks identified: falls, impaired vision, impaired decision-making, wandering, socially inappropriate disruptive behavior. The negotiated service agreement dated 4-20-15 recorded services for staff assistance of one with bathing, dressing, toileting, transfers and ambulation. Total staff assistance by qualified staff for medication and treatment management. Staff Notes revealed the following: 4-24-15 at 3:30 pm: "...Resident rolled out of bed earlier this afternoon. Monitor in room to sense motion for fall intervention." Signed by	S5028		

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S5028	Continued From page 2	S5028		

operator/nurse.
5-12-15 at 10:00 am: "Writer notified of resident fall at 8:20 am. Resident got up and defecated on the floor prior to fall. Resident was on knees when staff entered room. Resident has an abrasion above left eyebrow and abrasion to left shoulder, and bruise with 1/2 inch skin tear to left elbow..." Signed by operator/nurse.

Interview on 6-17-15 at 12:18 pm with operator/nurse confirmed the falls on 4-24-15 and 5-12-15 were not witnessed by staff and resident was unable to state what happened. Further confirmed these unwitnessed falls were not reported to the department.

For resident #103, the operator/nurse failed to report an allegation of abuse or neglect when the cognitively impaired resident experienced 2 unwitnessed falls and was unable to state what happened.

- Record review for resident #248 revealed admission on 9-22-14 with diagnoses Alzheimer's Disease, Glaucoma, Hyperlipidemia, and Vitamin D Deficiency.

The functional capacity screen dated 1-23-15 recorded resident required physical assistance with transfers and was unable to perform bathing, dressing, toileting, walking/mobility, eating and management of medications and treatments. Incontinent of bladder. Cognition: problems with short term memory, long term memory, memory/recall and decision-making. Current problems/risks identified: unsteadiness and impaired decision-making.

The negotiated service agreement dated 1-23-15

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S5028	Continued From page 3 recorded services for staff assistance with bathing, dressing, toileting, transfers and ambulation. Total staff assistance by qualified staff for medication and treatment management. Staff Notes revealed the following: 4-12-15 at 11:00 am: "Staff notified writer of resident lying on floor by bed...abrasion over left eye noted...resident lying on left side on the floor by the bed. Motion sensor to be used in room when he/she is alone." Signed by operator/nurse. 6-5-15 at 7:00 pm: "Staff notified writer that resident was sitting on the floor at 4:15 pm...observed him/her on the floor in the room...sitting upright on the floor." Signed by operator/nurse. Interview on 6-17-15 at 2:08 pm with operator/nurse confirmed the falls on 4-12-15 and 6-5-15 were not witnessed by staff and resident was unable to state what happened. Further confirmed these unwitnessed falls were not reported to the department. For resident #248, the operator/nurse failed to report an allegation of abuse or neglect when the cognitively impaired resident experienced 2 unwitnessed falls and was unable to state what happened.	S5028		
S5185 SS=F	26-42-206 (a) (b) (c) Dietary Services (a) The administrator or operator of each home plus shall ensure the provision or coordination of dietary services to residents as identified in each resident ' s negotiated service agreement. (b) The supervisory responsibility for dietetic services shall be assigned to one employee. (c) If a resident ' s negotiated service agreement	S5185		

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S5185	Continued From page 4 includes the provision of a therapeutic diet, mechanically altered diet, or thickened consistency of liquids, a medical care provider ' s order shall be on file in the resident ' s clinical record, and the diet or liquids, or both, shall be prepared according to instructions from a medical care provider or licensed dietitian. This REQUIREMENT is not met as evidenced by: KAR 26-42-206(a)(c) The facility reported a census of 8 home plus residents and 1 day care resident. The sample included 3 residents and 1 day care resident. Based on observation, record review and interview for 2 (#103, #248) of 2 residents receiving mechanically altered diets and/or thickened liquids, the operator/nurse failed to ensure a medical care provider's order shall be on file in the resident's clinical record and the diet or liquids, or both, shall be prepared according to instructions from a medical care provider or licensed dietitian. Findings included: - Record review for resident #103 revealed admission on 4-20-15 with diagnoses Dyspepsia, Anxiety, Psychosis, Depression, Insomnia, Dementia with Behavior Disorder. The functional capacity screen dated 4-20-15 recorded resident required physical assistance with eating. The negotiated service agreement dated 4-20-15 recorded "Food Service Needs and Preferences:	S5185		

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S5185	Continued From page 5 3 meals daily, Modified diet: Pureed." The record lacked a physician's order for a pureed diet and/or thickened liquids and the facility lacked written instructions for how to prepare a pureed diet. Observation on 6-17-15 at 11:58 am revealed resident eating non-pureed tuna salad (with boiled eggs), jello, unthickened prune juice and being fed by certified staff B. Interview on 6-17-15 at 11:58 am with certified staff C stated resident's tuna salad was not pureed because it was soft enough and the resident "is on a soft diet now, he/she used to eat pureed...we did puree for a while, then he/she started chewing again." Confirmed staff had "no written instructions, just verbal" regarding how to prepare a pureed diet. Stated one other resident (#248) was on a pureed diet, no other residents with diet modifications. Interview on 6-17-15 at 12:16 pm with operator/nurse confirmed the resident was given a pureed diet and the record lacked documentation of a medical care provider's order for the diet; further confirmed the facility lacked written instructions from a medical care provider on how to prepare the diet. - Record review for resident #248 revealed admission on 9-22-14 with diagnoses Alzheimer's Disease, Glaucoma, Hyperlipidemia and Vitamin D Deficiency. The functional capacity screen dated 1-23-15 recorded resident unable to perform eating. The negotiated service agreement dated 1-23-15	S5185		

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S5185	Continued From page 6	S5185		

recorded "Food Service Needs and Preferences: 3 meals daily, Modified diet: Pureed." The facility lacked written instructions for how to prepare a pureed diet.

Observation on 6-17-15 at 1:58 pm revealed resident #248 being fed a pureed tuna and chocolate pudding."

Physician Progress Notes dated 1-19-15: "follow up of Dysphagia...related to recent choking episodes. Taking pureed diet in small amounts. Speech therapy seeing. Will recommend video swallow..."

Dysphagia Video Study dated 2-15-15: "Video swallow study was done in conjunction with speech therapy. There was mild premature spillage into the pharynx. There was a slight delay before pharyngeal peristalsis was initiated...On one swallow of thin liquids the patient had a markedly delay before the swallow probably due to cognition. When the patient finally swallowed there was penetration and a trace of aspiration without cough. There was mild flash penetration on 1 or 2 swallows of thin liquids. There was no penetration or aspiration with nectar thick liquids or solids or applesauce. Impression: Intermittent penetration with one instance of aspiration with thin liquids."

Physician Progress Notes dated 3-2-15: "Staff reports weight stable, pureed thickened liquid diet."
4-13-15: "Dysphagia - pureed diet, thick liquids, total feed."

Interview on 6-17-15 at 4:05 pm with certified staff B stated they were having Shepard's Pie for dinner, for residents receiving pureed diets, "we

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S5185	Continued From page 7 put it through the blender...add milk if it's too thick." For another meal which included pork chops, stated depending on who prepares it, the pork chop is "baked..some (staff) add milk, some (staff) add water." Regarding broccoli, "we add a little water to it." Interview on 6-17-15 at 12:16 pm with operator/nurse confirmed the resident received a pureed diet and confirmed the facility lacked written instructions from a medical care provider on how to prepare the diet. For residents #103 and #248, receiving mechanically altered diets and/or thickened liquids, the operator/nurse failed to ensure a medical care provider's order shall be on file in the resident's clinical record and the diet or liquids, or both, shall be prepared according to instructions from a medical care provider or licensed dietitian.	S5185		
S5215 SS=F	26-42-104 (d) Disaster and Emergency Preparedness Education (d) Each administrator or operator shall ensure disaster and emergency preparedness by ensuring the performance of the following: (1) Orientation of new employees at the time of employment to the home ' s emergency management plan; (2) education of each resident upon admission to the home regarding emergency procedures; (3) quarterly review of the home ' s emergency management plan with employees and residents; and (4) an emergency drill, which shall be conducted at least annually with staff and residents. This drill	S5215		

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S5215	Continued From page 8 shall include evacuation of the residents to a secure location. This REQUIREMENT is not met as evidenced by: KAR 26-42-104(d)(3) The facility reported a census of 8 home plus residents and 1 day care resident. The sample included 3 residents and 1 day care resident. Based on record review and interview for all residents and employees, the operator/nurse failed to ensure disaster and emergency preparedness by ensuring the performance of quarterly review of the home's emergency management plan with employees and residents. Findings included: - Review of the facility's emergency management plan on 6-17-15 revealed documentation of review with employees on 6-3-15. The plan lacked documentation of quarterly review with employees and residents. Interview on 6-17-15 at 2:50 pm with operator/nurse confirmed the plan lacked documentation of quarterly review with employees and residents. For all residents and employees, the operator/nurse failed to ensure quarterly review of the emergency management plan.	S5215		
S5250 SS=F	26-42-105 (f) (1 - 10) Resident Records Content (f) Each resident record shall contain at least the	S5250		

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S5250	Continued From page 9 following: (1) The resident's name; (2) the dates of admission and discharge; (3) the admission agreement and any amendments; (4) the functional capacity screenings; (5) the health care service plan, if applicable; (6) the negotiated service agreement and any revisions; (7) the name, address, and telephone number of the physician and the dentist to be notified in an emergency; (8) the name, address, and telephone number of the legal representative or the individual of the resident's choice to be notified in the event of a significant change in condition; (9) the name, address, and telephone number of the case manager, if applicable; (10) records of medications, biologicals, and treatments administered and each medical care provider ' s order if the facility is managing the resident's medications and medical treatments; and This REQUIREMENT is not met as evidenced by: KAR 26-42-105(f)(3)(6) The facility reported a census of 8 home plus residents and 1 day care resident. The sample included 3 residents and 1 day care resident. Based on record review and interview for 3 (#103, #248, #302) of 3 sampled residents and 1 (#324) of 1 day care resident and affecting all residents, the operator/nurse failed to ensure each resident record shall contain the admission agreement and any amendments and the negotiated service agreement and any revisions.	S5250		

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S5250	Continued From page 10 Findings included: - Record review on 6-16-15 for resident #103 revealed admission on 4-20-15 with diagnoses Dyspepsia, Anxiety, Psychosis, Depression, Insomnia, Dementia with Behavior Disorder. The record lacked documentation of an admission agreement and any amendments and the negotiated service agreement and any revisions. Interview on 6-16-15 at 4:25 pm with operator/nurse stated the negotiated service agreements are not kept in the resident's charts and not available onsite at this time. They are "at the office." - Record review on 6-17-15 for resident #248 revealed admission on 9-22-14 with diagnoses Alzheimer's Disease, Glaucoma, Hyperlipidemia and Vitamin D Deficiency. The record lacked documentation of an admission agreement and the negotiated service agreement and any revisions. - Record review on 6-17-15 for resident #302 revealed admission on 5-15-15 with diagnoses Hypertension, Diabetes Mellitus, Memory Loss, and Cerebral Infarction. The record lacked documentation of an admission agreement and the negotiated service agreement and any revisions. - Record review on 6-17-15 for resident #327 revealed admission on 6-15-15 with diagnoses Bipolar with Psychotic features, Anxiety, Gastroesophageal Reflux Disorder, Hypertension,	S5250		

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S5250	Continued From page 11 Osteoarthritis and Vitamin D Deficiency. The record lacked documentation of an admission agreement and the negotiated service agreement and any revisions. Interview on 6-17-15 at 2:10 pm with operator/nurse stated he/she was unable to locate admission agreements for any of the residents; confirmed all records lacked admission agreements. For all residents, the operator/nurse failed to ensure each resident record contained the admission agreement and any amendments and the negotiated service agreement and any revisions.	S5250		
S5255 SS=F	26-42-102 (a) Staff Qualifications Sufficent Staff (a) The administrator or operator of each home plus shall ensure the provision of a sufficient number of qualified personnel to provide each resident with services and care in accordance with that resident ' s functional capacity screening, health care service plan, and negotiated service agreement. This REQUIREMENT is not met as evidenced by: KAR 26-42-102(a) The facility reported a census of 8 home plus residents and 1 day care resident. The sample included 3 residents and 1 day care resident. Based on record review and interview for all residents, the operator/nurse failed to ensure the	S5255		

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S5255	Continued From page 12	S5255		

provision of a sufficient number of qualified personnel to provide each resident with services and care in accordance with that resident's functional capacity screening, health care service plan and negotiated service agreement.

Findings included:

- On 6-16-15 at 2:50 pm the operator/nurse identified him/herself as a registered nurse and confirmed he/she was the nurse in charge of resident care and services. Further confirmed he/she was the licensed nurse on call the majority of the time to provide immediate direction to medication aides and nurse aides for residents with unscheduled and/or emergent medical needs. Further identified him/herself as the person who completed the resident Functional Capacity Screens and Negotiated Service Agreements and Health Service Plans.

Review of employee licensure verification revealed the operator's nursing license expired on 8-31-14.

Interviews on 6-18-15 at 12:36 pm and 1:35 pm stated he/she was not aware licensure had lapsed and confirmed his/her licensed expired on 8-31-14. Further confirmed he/she had performed nursing functions from 9-1-14 to 6-18-15 that included direct resident care; performing nursing assessments of residents, receiving physician orders, supervising certified staff and completing Functional Capacity Screens, Negotiated Service Agreements and Health Service Plans. On 6-18-15 at 1:35 pm, operator/nurse stated licensed staff F would assume responsibility as the facility nurse.

Operator's nursing license expired on 8-31-14.

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S5255	Continued From page 13 The Operator/nurse performed nursing functions as the facility after his/her license had expired from 9-1-14 to 6-18-15 that included: identified as the RN in charge of resident care and services; performed nursing assessments of the residents; received physician orders; supervised certified staff; administered medications and completed resident's Functional Capacity Screens, Negotiated Service Agreements and Health Service Plans. The operator/nurse failed to ensure the provision of a sufficient number of qualified staff to provide each resident with services and care in accordance with each resident's functional capacity screening, health care service plan, and negotiated service agreement.	S5255		
S5258 SS=F	26-42-102 (d) Staff Qualifications Employee Records (d) The employee records and agency staff records shall contain the following information: (1) Evidence of licensure, registration, certification, or a certificate of successful completion of a training course for each employee performing a function that requires specialized education or training; (2) supporting documentation for criminal background checks of facility staff and contract staff, excluding any staff licensed or registered by a state agency, pursuant to K.S.A. 39-970 and amendments thereto; (3) supporting documentation from the Kansas nurse aide registry that the individual does not have a finding of having abused, neglected, or exploited a resident in an adult carehome; and (4) supporting documentation that the individual does not have a finding of having abused, neglected, or exploited any resident in an adult	S5258		

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(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
S5258	Continued From page 14 care home, from the nurse aide registry in each state in which the individual has been known to work as a certified nurse aide. This REQUIREMENT is not met as evidenced by: KAR 26-42-102(d)(1)(2) The facility reported a census of 8 home plus residents and 1 day care resident. Based on personnel record review and interview for 3 (certified staff B, C, D) of 4 sampled certified staff and 1 (licensed staff F) of 1 licensed staff, the operator/nurse failed to ensure the record contained evidence of certification or licensure for each employee performing a function that required specialized education and training and documentation from the Kansas nurse aide registry that the individual does not have a finding of having abused, neglected, or exploited a resident in an adult care home; and for 4 (certified staff B, C, D, E) of 4 sampled certified staff, the operator/nurse failed to ensure the record contained supporting documentation for criminal background checks before providing care to residents. Findings included: - Personnel record reviews revealed the following: Certified staff B hired 7-1-14: Kansas Nurse Aide Registry contacted on 8-26-14; criminal background check result dated 9-23-14. Certified staff C hired 6-14-14: Kansas Nurse Aide Registry contacted on 8-26-14; criminal	S5258		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	B046056	A. BUILDING: _____ B. WING _____	06/18/2015

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S5258	Continued From page 15 background check result dated 9-23-14. Certified staff D hired 3-23-15: Kansas Nurse Aide Registry contacted on 4-7-15; file lacked documentation of a criminal background check. Certified staff E hired 6-15-15: lacked documentation that criminal background check requested. Licensed staff F hired 2-10-15: lacked documentation of licensure verification. Interview on 6-17-15 at 2:11 pm with operator/nurse confirmed the above records lacked documentation of certification from Kansas Nurse Aide Registry; licensure verification; and supporting documentation for criminal background checks before providing care to residents. For certified staff B, C, D, and E, the operator/nurse failed to ensure the employee records contained evidence of certification, documentation for criminal background checks and documentation from the Kansas nurse aide registry of no findings of having abused, neglected or exploited a resident in an adult care home before providing care to residents.	S5258		
S5313 SS=E	26-42-205 (g) (3) Over the counter medication (g) (3) A licensed nurse or medication aide may accept over-the-counter medication only in its original, unbroken manufacturer ' s package. A licensed pharmacist or licensed nurse shall place the full name of the resident on the package. If the original manufacturer ' s package of an over-the-counter medication contains a	S5313		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
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S5313	Continued From page 16 medication in a container, bottle, or tube that can be removed from the original package, the licensed pharmacist or a licensed nurse shall place the full name of the resident on both the original manufacturer ' s medication package and the medication container. This REQUIREMENT is not met as evidenced by: KAR 26-42-205(g)(3) The facility reported a census of 8 home plus residents and 1 day care resident. The sample included 3 residents and 1 day care resident. Based on observation and interview the operator/nurse failed to ensure a licensed pharmacist or licensed nurse placed the full name of the resident on each resident's over-the-counter medication package. Findings included: - Review of the resident roster revealed all 8 residents and the day care resident received medication management. Observation on 6-17-15 at 4:10 pm of medication cabinet revealed the following open over the counter medication in resident's plastic bins: 1 bottles of Acetaminophen 325 mg (milligrams) 1 bottle of Ibuprofen 200 mg 1 bottle of Aspirin 81 mg 1 bottle of Colace 100 mg 1 bottle of Glucose Tablets 1 bottle of Allergy tablets (oration 10 mg) Interview on 6-17-15 at 4:10 pm with certified	S5313		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
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S5313	Continued From page 17 staff B confirmed the over the counter medications contained no names. Stated the acetaminophen, ibuprofen,and aspirin were given to residents. For all residents receiving medication management, the operator/nurse failed to ensure the full name of the resident on each resident's over-the-counter medication package.	S5313		