STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	N046078	A. BUILDING: _____ B. WING _____	02/11/2015

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
GARDEN VILLAS OF LENEXA	9705 MONROVIA LENEXA, KS 66215

(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 at the above named assisted living facility conducted on 2-10-15 and 2-11-15.	S 000		
S3028 SS=D	26-41-101 (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 facility 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: KAR 26-41-101(f)(3)	S3028		

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

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S3028	Continued From page 1 The facility reported a census of 33 residents. The sample included 3 residents. Based on observation, record review and interview for 1 (#457) of 3 sampled residents, the operator failed to ensure each allegation of abuse or neglect was reported to the department within 24 hours. Findings included: - Record review for resident #457 revealed admission on 9-10-13 with diagnosis hip fracture. The functional capacity screen dated 9-11-14 recorded resident required physical assistance with bathing, dressing, toileting, and transfers; supervision of walking/mobility; independent with eating; and unable to perform management of medications/treatments. Occasionally incontinent of bladder; Cognition: problems with short term memory. The negotiated service agreement (NSA) dated 9-11-14 recorded the following services: Bathing: assistance in/out of shower 2 times per week. Ambulation: uses walker, uses wheelchair at times; needs transfer assistance only. Dressing: assistance dressing/undressing in am and pm; Night time monitoring: 2 times at night; Dining: prefers to dine in dining room; prefers escort to dining room; assistance with menu selection; Elimination: wears disposable briefs. Observation of resident on 2-10-15 at 4:07 pm revealed resident sitting in chair in apartment watching television. Pleasant and friendly. Unable to remember how long he/she has lived at	S3028		

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S3028	Continued From page 2	S3028		

facility. Very vaguely remembered a fall not too long ago, but unable to state why or how he/she fell.

Staff Statement dated 1-11-15: " As we were getting residents ready for evening meal, I went to check on resident #457. As I walked in the room, resident was on his/her bedroom floor. He/She had a visitor and visitor was trying to get him/her off floor. I called (other staff), to whoever can come first to help me get resident up. I checked the resident. He/She said he/she didn ' t know what happened, said he/she did not hurt self, and he/she was able to move arms, and legs without signs of pain. His/Her visitor said when he/she came in, resident was on the floor and wheelchair was tipped over. I told visitor to pull emergency cord in situation like this and staff will assist and assess the resident. I monitored the resident, there was no signs of pain, bleeding or bruising. " Signed by certified staff J.

Nurses Notes revealed the following:
1-12-15 at 8:30 am: " This nurse found a statement from employee that resident was found on floor on 1-11-15 around dinner time. Resident denies any complaint of pain or discomfort. Resident never complains of pain or not feeling well ... " Signed by licensed staff B.

A Post-Fall Assessment completed on 1-12-15 by licensed staff B lacked documentation of an investigation (including interview with visitor, statements from staff regarding time when resident was last observed and what care was last provided in accordance with resident ' s NSA) to rule out abuse or neglect.

Interviews on 2-10-15 at 11:40 am and 5:09 pm with licensed staff B stated resident was found on

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S3028	Continued From page 3 the floor by a visitor on 1-11-15 and was unable to say what he/she was doing or how he/she fell. Also stated he/she heard about the incident via a note left by staff which he/she received the next day upon coming to work. Stated resident will not complain if he/she has pain or is not feeling well. Interview on 2-10-15 at 5:20 pm with administrative staff A confirmed the fall was unwitnessed and resident was unable to tell what happened. Confirmed he/she did not report the fall to the department. For resident #457, the operator failed to ensure an allegation of abuse or neglect was reported to the department and investigated when the resident was found on the floor in his/her apartment and was unable to state what happened.	S3028		
S3085 SS=D	26-41-202 (a) Negotiated Service Agreement (a) The administrator or operator of each assisted living facility or residential health care facility 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	S3085		

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S3085	Continued From page 4 payment if outside resources provide a service. This REQUIREMENT is not met as evidenced by: KAR 26-41-202(a)(1)(2) The facility reported a census of 33 residents. The sample included 3 residents. Based on observation, record review and interview for 1 (#317) of 3 sampled residents, the administrator failed to ensure the negotiated service agreement provided a description of the services the resident will receive and identification of the provider of each service. Findings included: - Record review for resident #317 revealed admission on 1-29-15 with diagnoses Diabetes Mellitus Type 2, Depression, Hypertension, Atrial Fibrillation, Chronic Obstructive Pulmonary Disease, Osteoarthritis, Glaucoma, Hyperlipidemia, Congestive Heart Disease. The functional capacity screen dated 1-29-15 recorded resident unable to perform management of medications/treatments. The negotiated service agreement dated 1-29-15 recorded the following services: Medications: Facility management; Full medication management. Accuchecks: daily. The NSA lacked a description of services for diabetes management (insulin administration and blood glucose monitoring) including identification of the provider of the services (delegated certified staff) and that resident self-injects insulin.	S3085		

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S3085	Continued From page 5 Current physician's orders included: Accuchecks (blood glucose monitoring) before meals and at bedtime. Levemir Insulin 15 units subcutaneously every day at bedtime. Review of Medication Administration Record (MAR) for February 2015 revealed documentation of administration of insulin and blood sugar results recorded by certified medication aides. Observation on 2-10-15 at 4:00 pm revealed certified staff G obtained a blood glucose reading for resident #457. Certified staff G confirmed certified staff performed blood glucose monitoring and prepared the insulin pens by applying the needles and dialing the pen for resident to self-inject. Interview on 2-11-15 at 9:36 am with licensed staff B stated certified staff performed accuchecks, prepared insulin pens and dialed insulin pens for resident to self-inject insulin. Confirmed the NSA lacked documentation of diabetes management (insulin administration and blood glucose monitoring) including identification of the provider of the services (delegated certified staff) and that resident self-injects insulin. For resident #457, the administrator failed to ensure the NSA provided a description of services for diabetes management (insulin administration and blood glucose monitoring) including the provider of the services.	S3085		
S3171 SS=E	26-41-204 (i) Health Care Services Standards of Practice	S3171		

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S3171	Continued From page 6 (i) All health care services shall be provided to residents by qualified staff in accordance with acceptable standards of practice. This REQUIREMENT is not met as evidenced by: KAR 26-41-204(i) The facility reported a census of 33 residents. The sample included 3 residents. Based on record review and interview for 2 (#317, #457) of 3 sampled residents, the operator failed to ensure all health care services shall be provided to residents by qualified staff in accordance with acceptable standards of practice. Findings included: - Record review for resident #317 revealed admission on 1-29-15 with diagnoses Diabetes Mellitus Type 2, Depression, Hypertension, Atrial Fibrillation, Chronic Obstructive Pulmonary Disease, Osteoarthritis, Glaucoma, Hyperlipidemia, Congestive Heart Disease. The functional capacity screen dated 1-29-15 recorded resident unable to perform management of medications/treatments. The negotiated service agreement dated 1-29-15 recorded the following services: Medications: Facility management; Full medication management. Accuchecks: daily. Current physician's orders included: Accuchecks (blood glucose monitoring) before meals and at bedtime. Review of Medication Administration Record	S3171		

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S3171	Continued From page 7 (MAR) for February 2015 revealed documentation of blood sugar results by certified medication aides. The record lacked documentation of blood glucose results at 11:30 am on 2-2-15, 2-3-15, 2-4-15, 2-5-15 and 2-6-15. Review of admission orders revealed the orders lacked clarification with a physician and a physician ' s signature. Interview on 2-10-15 at 3:55 pm with licensed staff B confirmed the record lacked documentation of blood glucose results on the above dates. Further confirmed the record lacked documentation of confirmation/clarification of medication orders with a physician and a physician ' s signature on the admission orders. For resident #317, the operator failed to ensure all health care services shall be provided to residents by qualified staff in accordance with acceptable standards of practice. - Record review for resident #457 revealed admission on 9-10-13 with diagnosis hip fracture. The functional capacity screen dated 9-11-14 recorded resident required physical assistance with bathing, dressing, toileting, and transfers; supervision of walking/mobility; independent with eating; and unable to perform management of medications/treatments. Occasionally incontinent of bladder; Cognition: problems with short term memory. The negotiated service agreement (NSA) dated 9-11-14 recorded the following services: Bathing: assistance in/out of shower 2 times per week. Ambulation: uses walker, uses wheelchair at	S3171		

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S3171	Continued From page 8	S3171		

times; needs transfer assistance only.
Dressing: assistance dressing/undressing in am and pm;
Night time monitoring: 2 times at night;
Dining: prefers to dine in dining room; prefers escort to dining room; assistance with menu selection;
Elimination: wears disposable briefs.

Observation of resident on 2-10-15 at 4:07 pm revealed resident sitting in chair in apartment watching television. Pleasant and friendly. Unable to remember how long he/she has lived at facility. Very vaguely remembered a fall not too long ago, but unable to state why or how he/she fell.

Staff Statement dated 1-11-15: "As we were getting residents ready for evening meal, I went to check on resident #457. As I walked in the room, resident was on his/her bedroom floor. He/She had a visitor and visitor was trying to get him/her off floor. I called (other staff), to whoever can come first to help me get resident up. I checked the resident. He/She said he/she didn ' t know what happened, said he/she did not hurt self, and he/she was able to move arms, and legs without signs of pain. His/Her visitor said when he/she came in, resident was on the floor and wheelchair was tipped over. I told visitor to pull emergency cord in situation like this and staff will assist and assess the resident. I monitored the resident, there was no signs of pain, bleeding or bruising." Signed by certified staff J.

Nurses Notes revealed the following:
1-12-15 at 8:30 am: "This nurse found a statement from employee that resident was found on floor on 1-11-15 around dinner time. Resident denies any complaint of pain or discomfort.

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S3171	Continued From page 9	S3171		

Resident never complains of pain or not feeling well ..." Signed by licensed staff B.

Review of facility policy: " 7 Steps In Responding To A Fall " stated the following:
1. Investigate and record circumstances: Staff to collect data, including Post Fall Intervention Checklist and complete Post Fall Assessment Form.
2. Alert Community Nurse and Responsible Party: Inform Community Nurse of vital signs and document nurse instructions for immediate interventions to promote resident safety on Post-Fall Assessment form ...
3. Implement immediate intervention.
4. Evaluate and monitor resident: resident attendant will perform vital signs each shift three days post fall. Resident attendant will immediately report to the nurse if the resident is not acting normal per activity and baseline.

Interviews on 2-10-15 at 11:40 am and 5:09 pm with licensed staff B stated he/she heard about the incident via a note left by staff which he/she received the next day upon coming to work. Licensed staff B stated he/she is on-call 24 hours a day/7 days a week and certified staff know to call when there is a fall. Confirmed there was no educational or disciplinary action taken with certified staff J for not consulting with him/her before getting resident up off floor and not following facility policy. Confirmed the record lacked documentation of an assessment by a licensed nurse prior to certified staff getting resident up off the floor.

For resident #457, the operator failed to ensure all health care services were provided to the resident by qualified staff in accordance with acceptable standards of practice when the

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S3171	Continued From page 10 resident experienced a fall and certified staff failed to notify a licensed nurse at the time of the fall.	S3171		
S3202 SS=F	26-41-205 (d) (4) Delegation of Medication Administration (4) Any licensed nurse may delegate nursing procedures not included in the medication aide curriculum to medication aides under the Kansas nurse practice act, K.S.A. 65-1124 and amendments thereto. This REQUIREMENT is not met as evidenced by: KAR 26-41-205(d)(4) The facility reported a census of 33 residents. The sample included 3 residents. Based on observation, record review and interview for 1 (#317) of 1 resident and potentially affecting all residents receiving blood glucose monitoring and/or insulin administration, the licensed nurse failed to appropriately delegate these nursing procedures under the Kansas Nurse Practice Act, KSA 65-1124 and amendments thereto by ensuring documentation related to the delegation of these nursing tasks was included in the personnel file of each designated medication aide. Findings included: - Record review for resident #317 revealed admission on 1-29-15 with diagnoses Diabetes Mellitus Type 2, Depression, Hypertension, Atrial Fibrillation, Chronic Obstructive Pulmonary Disease, Osteoarthritis, Glaucoma,	S3202		

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S3202	Continued From page 11 Hyperlipidemia, Congestive Heart Disease. The functional capacity screen dated 1-29-15 recorded resident unable to perform management of medications/treatments. The negotiated service agreement dated 1-29-15 recorded the following services: Medications: Facility management; Full medication management. Accuchecks: daily. The NSA lacked a description of services for diabetes management (insulin administration and blood glucose monitoring) including identification of the provider of the services (delegated certified staff) and that resident self-injects insulin. Current physician's orders included: Accuchecks (blood glucose monitoring) before meals and at bedtime. Levemir Insulin 15 units subcutaneously every day at bedtime. Review of Medication Administration Record (MAR) for February 2015 revealed documentation of blood sugar results recorded by certified medication aides and administration of insulin documented by certified medication aides. The resident roster identified 3 residents currently receiving insulin injections. Observation on 2-10-15 at 4:00 pm revealed certified staff G obtained a blood glucose reading for resident #317. Certified staff G confirmed certified staff performed blood glucose monitoring and prepared the insulin pens by applying the needles and dialing the pen for resident to self-inject.	S3202		

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S3202	Continued From page 12 Interviews on 2-10-15 and 2-11-15 at 9:22 am with administrative staff A and licensed staff B stated residents on insulin self inject. Confirmed certified staff E, F, G and H all administered medications and performed blood glucose monitoring. Further confirmed the employee records for certified staff F,G,and H lacked documentation of competency checklists for performing blood glucose monitoring; and records for certified staff E, F, G, and H lacked documentation of competency checklists for preparation of insulin pens for residents to self-inject insulin. For resident #317 and potentially affecting all residents receiving blood glucose monitoring and/or insulin administration, the licensed nurse delegated certified medication aides to perform blood glucose monitoring and insulin pen preparation. The licensed nurse failed to appropriately delegate these nursing procedures to medication aides under the Kansas nurse practice act, K.S.A.65-1124 by ensuring documentation related to the delegation of these nursing tasks was included in the personnel file of each designated medication aide.	S3202		
S3298 SS=F	26-41-206 (d) Food Preparation (d) Food preparation. Food shall be prepared using safe methods that conserve the nutritive value, flavor, and appearance and shall be served at the proper temperature. (1) Food used by facility staff to serve to the residents, including donated food, shall meet all applicable federal, state, and local laws and regulations. (2) Food in cans that have significant defects, including swelling, leakage, punctures, holes,	S3298		

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fractures, pitted rust, or denting severe enough to prevent normal stacking or opening with a manual, wheel-type can opener, shall not be used.
(3) Food provided by a resident ' s family or friends for individual residents shall not be required to meet federal, state, and local laws and regulations.

This REQUIREMENT is not met as evidenced by:
KAR 26-41-206(d)

The facility reported a census of 33 residents. The sample included 3 residents. Based on record review and interview for all residents, the operator failed to ensure food shall be prepared using safe methods that conserve the nutritive value, flavor, and appearance and shall be served at the proper temperature.

Findings included:

- During tour of the kitchen on 2-10-15 at 10:35 am with operator and dietary staff C, surveyor requested food temperature logs.

Record review on 2-10-15 at 10:35 am and 12:54 pm of Food Temperature Logs from 1-5-15 to 2-9-15 revealed the logs lacked documentation of temperatures for the following dates:
1-5-15 (breakfast/lunch); 1-6-15 (breakfast/lunch); 1-7-15 (breakfast/lunch); no record for 1-8-15, 1-9-15, 1-10-15; 1-11-15 (lunch/dinner); 1-12-15 (dinner); 1-13-15 (dinner); 1-14-15 (breakfast, lunch dinner); 1-15-15 (dinner); 1-16-15 (dinner); no record for 1-17-15, 1-18-15, 1-19-15; 1-23-15 (breakfast/lunch);

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	N046078	A. BUILDING: _____ B. WING _____	02/11/2015

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
GARDEN VILLAS OF LENEXA	9705 MONROVIA LENEXA, KS 66215

(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
S3298	Continued From page 14 1-24-15 (breakfast/lunch); 1-25-15 (lunch/dinner); 1-31-15 (breakfast/lunch); 2-1-15 (dinner); 2-2-15 (dinner); 2-3-15 (dinner); 2-4-15 (dinner); 2-5-15 (dinner); 2-6-15 (breakfast/lunch); 2-7-15 (breakfast/lunch); 2-8-15 (breakfast/lunch/dinner); 2-9-15 (breakfast/lunch/dinner) Review of facility policy revealed: "'Steam Table Serving Temperatures for Hot and Cold Foods' Guideline: Staff will follow the guidelines below when serving hot and cold beverages and food. Procedure: 1. Foods will be served at the following temperatures to ensure a safe appetizing dining experience... Meat, Casseroles 140 degrees F (Fahrenheit) to 170 degrees F Vegetables, Potatoes 140 degrees F to 170 degrees F Gravy 140 degrees F to 170 degrees F Soups 140 degrees F to 170 degrees F Cereal 140 degrees F to 160 degrees F Hot Beverages 130 degrees F to 165 degrees F Cold Beverages 41 degrees F or below Fruits, desserts, Salads 41 degrees F or below Dairy Products 41 degrees F or below 'Monitoring Food Temperatures for Meal Service' Guideline: Food temperatures will be monitored daily to prevent food borne illness and ensure foods are served at palatable temperatures. Procedure: 1. Prior to serving a meal, food temperatures will be taken and documented for all hot and cold foods to ensure proper serving temperatures. Any food item not found at the correct holding/serving temperature will not be served but will undergo the appropriate corrective action listed below. 2. The temperature for each food item will be recorded on the Food Temperature Log. Foods that required a corrective action (such as	S3298		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	N046078	A. BUILDING: _____ B. WING _____	02/11/2015

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
GARDEN VILLAS OF LENEXA	9705 MONROVIA LENEXA, KS 66215

(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
S3298	Continued From page 15 reheating); will have the new temperature recorded with a circle around it next to the original temperature." Interviews on 2-10-15 at 10:35 am and 12:54 pm with administrative staff A, confirmed the food temperature logs lacked documentation of temperatures on the above dates/meals; provided copies of the facility policy for monitoring and documentation of food temperatures and confirmed staff had not followed facility policy. Interview on 2-10-15 at 12:56 pm with dietary staff D stated food was prepared in the main kitchen on the independent living side and brought over to the assisted living kitchen. Confirmed that food temperatures were not always checked in the main kitchen prior to bringing to the assisted living kitchen and the main kitchen food temperature logs were also incomplete. For all residents, the operator failed to ensure food shall be prepared using safe methods that conserve the nutritive value, flavor and appearance and shall be served at the proper temperature.	S3298		