STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	N046038	A. BUILDING: _____ B. WING _____	C 12/04/2014

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
THE HOMESTEAD OF OLATHE SOUTH	751 N SOMERSET TERRACE OLATHE, KS 66062

(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 with complaint investigation 75241 conducted on 12-3-14 and 12-4-14.	S 000		
S3081 SS=D	26-41-201 (c) Functional Capacity Screen Reassessment (c) Designated facility staff shall conduct a screening to determine each resident ' s functional capacity according to the following requirements: (1) At least once every 365 days; (2) following any significant change in condition as defined in K.A.R. 26-39-100; and (3) at least quarterly if the resident receives assistance with eating from a paid nutrition assistant. This REQUIREMENT is not met as evidenced by: KAR 26-41-201(c) The facility reported a census of 44 residents. The sample included 3 residents and 1 focus review resident. Based on observation, record review and interview for 1 (#116) of 3 sampled residents, the administrator failed to ensure designated staff conducted a screening to determine the resident's functional capacity following a significant change in condition. Findings included: - Record review for resident #116 revealed admission on 10-16-09 with diagnoses Hypertension, Senile Dementia, Edema, Depression and Schizoaffective Disorder.	S3081		

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

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S3081	Continued From page 1	S3081		

The functional capacity screen (FCS) dated 6-17-14 recorded resident required physical assistance with bathing, dressing, and management of medications/treatments; and supervision with toileting, transfers, walking/mobility. Occasionally incontinent of bladder. Cognition: problems with short term memory, memory/recall and decision-making. Current problems/risks identified included falls/unsteadiness and impaired vision.

The negotiated service agreement (NSA) dated 6-17-14 recorded the following services:
Bathing: physical assist 2 time/week;
Dressing: physical assist;
Toileting: supervision, independent during the day; check every 2 hours at night;
Transfer: independent;
Walking/Mobility: independent most of the time; staff to provide standby assist when anxious; uses walker.
Eating: supervision;
Medication Management: physical assistance with medication management, three medication passes per day.

Observation on 12-3-14 at 5:10 pm revealed resident with coarse hand tremors sitting in wheelchair in dining room being fed by certified staff. Resident escorted by staff to and from dining room in wheelchair due to being unable to ambulate.

Interview on 12-3-14 around 3:00 pm with licensed staff B stated resident was "unable to stand anymore" and uses the wheelchair at all times now; resident has declined and requires physical assist from staff with all activities of daily living. Also stated resident receives hospice services. Confirmed he/she did not review and

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S3081	Continued From page 2 revise the FCS when the resident experienced a significant change in condition. For resident #116, the administrator failed to ensure designated staff conducted a screening to determine the resident's functional capacity following a significant change in condition.	S3081		
S3092 SS=D	26-41-202 (d) Negotiated Service Agreement Revisions (d) Each administrator or operator shall ensure the review and, if necessary, revision of each negotiated service agreement according to the following requirements:(1) At least once every 365 days; (2) following any significant change in condition, as defined in K.A.R. 26-39-100; (3) at least quarterly, if the resident receives assistance with eating from a paid nutrition assistant; and (4) if requested by the resident or the resident ' s legal representative, facility staff, the case manager, or, if agreed to by the resident or the resident ' s legal representative, the resident ' s family. This REQUIREMENT is not met as evidenced by: KAR 26-41-202(d)(2) The facility reported a census of 44 residents. The sample included 3 residents and 1 focus review resident. Based on observation, record review and interview for 1 (#116) of 3 sampled residents, the administrator failed to ensure review and revision of the negotiated service agreement following a significant change in	S3092		

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S3092	Continued From page 3 condition. Findings included: - Record review for resident #116 revealed admission on 10-16-09 with diagnoses Hypertension, Senile Dementia, Edema, Depression and Schizoaffective Disorder. The functional capacity screen (FCS) dated 6-17-14 recorded resident required physical assistance with bathing, dressing, and management of medications/treatments; and supervision with toileting, transfers, walking/mobility. Occasionally incontinent of bladder. Cognition: problems with short term memory, memory/recall and decision-making. Current problems/risks identified included falls/unsteadiness and impaired vision. The negotiated service agreement (NSA) dated 6-17-14 recorded the following services: Bathing: physical assist 2 time/week; Dressing: physical assist; Toileting: supervision, independent during the day; check every 2 hours at night; Transfer: independent; Walking/Mobility: independent most of the time; staff to provide standby assist when anxious; Eating: supervision; Medication Management: physical assistance with medication management, three medication passes per day. Observation on 12-3-14 at 5:10 pm revealed resident with coarse hand tremors sitting in wheelchair in dining room being fed by certified staff. Resident escorted by staff to and from dining room in wheelchair due to being unable to ambulate.	S3092		

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S3092	Continued From page 4 Interview on 12-3-14 around 3:00 pm with licensed staff B stated resident was "unable to stand anymore" and uses the wheelchair at all times now; resident has declined and requires physical assist from staff with all activities of daily living. Also stated resident receives hospice services. Confirmed he/she did not review and revise the NSA when the resident experienced a significant change in condition. For resident #116, the administrator failed to ensure review and revision of the negotiated service agreement following a significant change in condition.	S3092		
S3280 SS=F	26-41-104 (d) Disaster and Emergency Preparedness (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 facility ' s emergency management plan; (2) education of each resident upon admission to the facility regarding emergency procedures; (3) quarterly review of the facility ' 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 shall include evacuation of the residents to a secure location. This REQUIREMENT is not met as evidenced	S3280		

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S3280	Continued From page 5 by: KAR 26-41-104(d)(3) The facility reported a census of 44 residents. The sample included 3 residents and 1 focus review resident. Based on record review and interview for all residents, the administrator failed to ensure disaster and emergency preparedness by ensuring performance of quarterly review of the facility's emergency management plan with employees and residents. Findings included: - Review of the facility's emergency management plan on 12-3-14 at 1:55 pm revealed the plan lacked quarterly review of the emergency management plan with facility staff and residents. Interview on 12-3-14 at 1:57 pm with administrative staff A confirmed quarterly reviews of the emergency management plan with staff "not documented". Stated "disaster preparedness" was reviewed with residents who attended resident council. Further confirmed the entire emergency plan was not reviewed with residents and was not reviewed at all with residents who did not attend resident council meetings. For all residents and employees, the administrator failed to ensure emergency preparedness by ensuring the quarterly review of the emergency management plan with residents and employees.	S3280		