STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	N046059	A. BUILDING: _____ B. WING _____	10/06/2014

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
CEDAR LAKE VILLAGE	15325 S LONE ELM RD OLATHE, KS 66061

(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 conducted at the above named assisted living facility on 10-1-14, 10-2-14 and 10-6-14. Revised 2567 mailed 10-8-14	S 000		
S3080 SS=F	26-41-201 (a) (b) Functional Capacity Screen on Admission a) On or before each individual ' s admission to an assisted living facility or residential health care facility, a licensed nurse, a licensed social worker, or the administrator or operator shall conduct a screening to determine the individual ' s functional capacity and shall record all findings on a screening form specified by the department. The administrator or operator may integrate the department ' s screening form into a form developed by the facility, which shall include each element and definition specified by the department. (b) A licensed nurse shall assess any resident whose functional capacity screening indicates the need for health care services. This REQUIREMENT is not met as evidenced by: 26-41-201(a) The facility reported a census of 37 residents. The sample included 3 residents. Based on record review and interview for 3 (#113, #137, #358) of 3 sampled residents and affecting all residents, the operator failed to record the individual's functional capacity findings on a screening form which included each element and definition specified by the department. Findings included:	S3080		

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

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S3080	Continued From page 1 - Record review for resident #113 revealed admission on 4-12-14 with diagnoses Osteoporosis, Protein-Calorie Malnutrition, Rhinorrhea, Hypothyroidism, Anemia, Gait Abnormality, Dysphagia, Dysuria, and Hearing Loss. The "Functional Living Assessment Tool" conducted on 4-13-14 lacked the following documentation: Primary Reason for Screen Birthdate Gender Functional Screen for Activities of Daily Living (Bathing, Dressing, Toileting, Transfer, Walking/Mobility, Eating) and Instrumental Activities of Daily Living (Meal Preparation, Shopping, Money Management, Transportation, Use of Telephone, Laundry/Housekeeping, Management of Medications and Management of Treatments) lacked coding as defined by the department (0 Independent; 1 Supervision; 2 Physical Assistance Needed; 3 Unable to perform). Bladder Continence (0 Continent; 1 Usually Continent; 2 Occasionally Incontinent; 3 Frequently Incontinent; 4 Incontinent) Cognition - Memory Recall (Short Term Memory; Long Term Memory; Memory/Recall; Decision-Making) Communication (Expresses information content; Ability to understand others, verbal information, however able) Interview on 10-2-14 at 10:15 am with operator confirmed some elements were not included on the Functional Living Assessment Tool and further confirmed this tool lacked the same coding. Stated this form was used for all residents.	S3080		

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S3080	Continued From page 2 For resident #113, the operator to record the individual's functional capacity findings on a screening form which included each element and definition specified by the department. - Record review for resident #137 revealed admission on 4-28-14 with diagnoses Arthritis, Hearing Loss, Recurrent Urinary Tract Infections, Poor Balance, Diabetes Mellitus, Hypertension and Dementia. The "Functional Living Assessment Tool" conducted on 4-13-14 lacked the following documentation: Primary Reason for Screen Birthdate Gender Functional Screen for Activities of Daily Living (Bathing, Dressing, Toileting, Transfer, Walking/Mobility, Eating) and Instrumental Activities of Daily Living (Meal Preparation, Shopping, Money Management, Transportation, Use of Telephone, Laundry/Housekeeping, Management of Medications and Management of Treatments) lacked coding as defined by the department (0 Independent; 1 Supervision; 2 Physical Assistance Needed; 3 Unable to perform). Bladder Continence (0 Continent; 1 Usually Continent; 2 Occasionally Incontinent; 3 Frequently Incontinent; 4 Incontinent) Cognition - Memory Recall (Short Term Memory; Long Term Memory; Memory/Recall; Decision-Making) Communication (Expresses information content; Ability to understand others, verbal information, however able)	S3080		

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S3080	Continued From page 3 Interview on 10-2-14 at 10:15 am with operator confirmed some elements were not included on the Functional Living Assessment Tool and further confirmed this tool lacked the same coding. Stated this form was used for all residents. For resident #137, the operator to record the individual's functional capacity findings on a screening form which included each element and definition specified by the department. - Record review for resident #358 revealed admission on 9-23-14 with diagnoses Lack of Physical Coordination, Muscle Weakness, Renal Artery Stenosis, Subdural Hematoma, Hypothyroidism, Hyperlipidemia, Esophageal Reflux, Osteoporosis, Paget's Disease, and Nutritional Deficiency. The "Functional Living Assessment Tool" conducted on 4-13-14 lacked the following documentation: Primary Reason for Screen Birthdate Gender Functional Screen for Activities of Daily Living (Bathing, Dressing, Toileting, Transfer, Walking/Mobility, Eating) and Instrumental Activities of Daily Living (Meal Preparation, Shopping, Money Management, Transportation, Use of Telephone, Laundry/Housekeeping, Management of Medications and Management of Treatments) lacked coding as defined by the department (0 Independent; 1 Supervision; 2 Physical Assistance Needed; 3 Unable to perform). Bladder Continence (0 Continent; 1 Usually Continent; 2 Occasionally Incontinent; 3 Frequently Incontinent; 4 Incontinent)	S3080		

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S3080	Continued From page 4 Cognition - Memory Recall (Short Term Memory; Long Term Memory; Memory/Recall; Decision-Making) Communication (Expresses information content; Ability to understand others, verbal information, however able) Interview on 10-2-14 at 10:15 am with operator confirmed some elements were not included on the Functional Living Assessment Tool and further confirmed this tool lacked the same coding. Stated this form was used for all residents. For resident #358, the operator to record the individual's functional capacity findings on a screening form which included each element and definition specified by the department.	S3080		
S3166 SS=E	26-41-204 (e) Delegation of Duties (e) A licensed nurse may delegate nursing 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: 26-41-204(e) The facility reported a census of 37 residents. The sample included 3 residents. Based on record review and interview for 1 (#137) of 3 sampled residents requiring blood glucose monitoring (accuchecks), a nursing procedure not	S3166		

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S3166	Continued From page 5	S3166		

included in the medication aide curriculum, the operator failed to ensure a licensed nurse delegated the procedure to certified medication aides (CMAs) under the Kansas Nurse Practice Act, K.S.A. 65-1124 and amendments thereto.

Findings included:

- Personnel record review for 4 certified medication aides on 10-2-14 at 4:30 pm with operator/licensed nurse revealed the records lacked documentation of blood glucose monitoring competency.

- Record review for resident #137 revealed admission on 4-28-14 with diagnoses Arthritis, Hearing Loss, Recurrent Urinary Tract Infections, Poor Balance, Diabetes Mellitus, Hypertension and Dementia. Current physician's orders included "accuchecks once weekly fasting and 1-2 hours after breakfast" and "check blood sugar as needed for nausea or feeling ill." Review of Medication Administration Record for September 2014 revealed documentation of certified medication aides performing the accuchecks.

Interviews on 10-1-14 at 3:40 pm and 10-2-14 at 11:40 pm with operator/licensed nurse identified 3 residents who were receiving blood glucose monitoring. Stated, "I instructed each one of them" (CMAs); confirmed he/she did not document competency for the CMAs.

The licensed nurse failed to appropriately delegate nursing procedures/tasks to CMAs under the Kansas Nurse Practice Act K.S.A. 65-1124 related to the performance of blood glucose monitoring with the use of glucometers for resident #137 and all residents receiving blood

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S3166	Continued From page 6 glucose monitoring.	S3166		