

Kansas Department on Aging

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: N046064	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____	(X3) DATE SURVEY COMPLETED 09/21/2022
NAME OF PROVIDER OR SUPPLIER HILLSIDE VILLAGE OF DE SOTO		STREET ADDRESS, CITY, STATE, ZIP CODE 33600 WEST 85TH STREET DE SOTO, KS 66018		
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S 000	INITIAL COMMENTS The following citations represent the findings of a Resurvey for the above named Assisted Living Facility conducted on 09/20/22 and 09/21/22.	S 000		
S3085 SS=E	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 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 24 residents. The sample included three residents. Based on interview and record review, the administrator failed to ensure the development of a Negotiated Service Agreement for three (R920, R921, R922) of three sampled residents based on the	S3085		

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

TITLE

(X6) DATE

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S3085	Continued From page 1 resident's service needs which included what services were provided and identification of the provider of the service. Findings included: - Review of R920's electronic medical record (EMR) revealed she moved into the facility on 04/27/17 with diagnoses of Diabetes type II. R920's "Functional Capacity Screen" dated 08/27/22 identified she was independent with activities of daily living, used a walker as an assistive device and was unable to manage her medications and treatments. R920's "Negotiated Service Agreement" (NSA) dated 08/27/22 identified the resident received podiatry services and payment received through insurance but failed to identify who provided the service. The NSA also failed to identify the resident received services related to diabetic ulcers on her toes and the need to go to the wound clinic. Review of R920's EMR included progress notes dated 08/23/22 for the wound clinic and progress notes dated 10/22/21 and 1/27/22 for outside services from a local podiatrist. 09/21/22 at 10:35 AM "Administrative Nurse" B acknowledged the NSA did not include who provided podiatry services or that the resident received services related to wound care. The administrator failed to ensure designated staff developed R920's NSA to include wound care services and who provided podiatry	S3085		

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S3085	Continued From page 2 services. - Review of R921's electronic medical record (EMR) revealed she moved into the Assisted Living Facility on 03/24/21 with diagnoses of anemia, hypertension, and gastro-esophageal reflux disease. R921's "Functional Capacity Screen" dated 03/24/22 identified the resident was unable to manage her medications and medical treatments. R921's "Negotiated Service Agreement" (NSA) dated 06/22/22 identified the resident received podiatry services and payment received through insurance but failed to identify who provided the service. It also failed to identify the resident used a Ubar on her bed as an assistive device for mobility and safety. Review of R921's EMR included progress notes dated 10/22/21 and 1/27/22 for outside services from a local podiatrist. On 09/21/22 at 10:42 AM "Administrative Nurse" B acknowledged the resident's NSA did not identify who provided the resident's podiatry service or that she had a U bar on her bed. The administrator failed to ensure designated staff developed R921's NSA to include provider of the podiatry services. - Review of R922's electronic medical record (EMR) revealed she moved into the facility on 07/03/18 with diagnoses of osteoarthritis and osteoporosis.	S3085		

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S3085	Continued From page 3 R922's "Functional Capacity Screen" dated 09/07/22 identified the resident was unable to manage her medications or medical treatments. R922's "Negotiated Service Agreement" NSA dated 04/05/22 identified the resident received podiatry services and payment received through insurance but failed to identify who provided the service. Review of R922's EMR included progress notes dated 10/22/21 and 01/27/22 for outside services from a local podiatrist. On 09/21/22 at 10:42 AM "Administrative Nurse" B acknowledged the resident's NSA did not identify who provided the resident's podiatry service. The administrator failed to ensure designated staff developed R922's NSA to included who provided podiatry services.	S3085		
S3171 SS=D	26-41-204 (i) Health Care Services Standards of Practice (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 24 resident's (R). The sample included three residents. Based	S3171		

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S3171	Continued From page 4 on observation, interview and record review the administrator failed to ensure that health care services were provided to one (R921) of three sampled residents in accordance with standards of practice regarding the assessment and safety of bed canes attached to each resident's bed used as an assistive device. Findings included: - Observation/interview on 09/21/22 at 09:23 AM the resident acknowledged she used a "Ubar" attached to her bed to help her position while in the bed. She also stated that she holds onto it when she gets out of bed to help her keep her balance in the mornings. The upside-down U-shaped bar was securely attached to the bed but had a gap between the bars that was greater than the recommended 4 3/4 inches. Review of R 921's electronic medical record lacked an assessment for the purpose of the "Ubar", resident's ability to safely use it, assessment it was safely secured to the bed and that it is not a restraint. On 09/21/22 at 10:42 AM "Administrative Nurse" B reported therapy puts the "Ubar's" on the beds and did not know if they did any type of assessment on them. She acknowledged that she does not do an assessment. The operator failed to ensure designated staff assessed the safety and use of R921's Ubar attached to the resident's bed.	S3171		
S3175 SS=D	26-41-205 (a) (1) Self Administration of Medication	S3175		

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S3175	Continued From page 5 (a) Self-administration of medication. Any resident may self-administer and manage medications independently or by using a medication container or syringe prefilled by a licensed nurse or pharmacist or by a family member or friend providing this service gratuitously, if a licensed nurse has performed an assessment and determined that the resident can perform this function safely and accurately without staff assistance. (1) An assessment shall be completed before the resident initially begins self-administration of medication, if the resident experiences a significant change of condition, and annually. This REQUIREMENT is not met as evidenced by: KAR 26-41-205(a)(1) The facility reported a census of 24 residents. The sample included three residents. Based on interview and record review the administrator failed to ensure designated staff completed a self-administration assessment annually for one (R921) of two residents sampled who self-administered medications. Findings included: - Review of R921's electronic medical record (EMR) revealed she moved into the Assisted	S3175		

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S3175	Continued From page 6 Living Facility on 03/24/21 with diagnoses of anemia, hypertension, and gastro-esophageal reflux disease. R921's "Functional Capacity Screen" dated 03/24/22 identified the resident was unable to manage her medications and medical treatments. R921's "Negotiated Service Agreement dated 06/22/22 identified medications were administered according to a physician's orders by a "Certified Medication Aide", a "Licensed Practical Nurse", or a "Registered Nurse". It did not identify that the resident chose to self administer topical creams and the facility staff administered all other medications and medical treatments. Review of the resident's "Medication Administration Record" for September 2022 in the EMR, revealed the resident self administered Premarin cream (hormone), Hydrocortisone Cream (anti- itch) and Voltaren Cream. (analgesic) Review of R921's EMR under the assessment tab included an :Assessment for Self-Administration of Medications" dated 03/29/21. On 09/21/22 at 09:23 AM R921 acknowledged that she had a couple of creams that she put on herself, but staff gave her the rest of her medications. On 09/21/22 at 12:54 PM "Administrative Nurse" B stated she did not realize the resident did any of her own creams and acknowledged the	S3175		

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S3175	Continued From page 7 self-administration assessment needed to be completed at least annually. The administrator failed to ensure designated staff completed a self-administration medication assessment for R921 annually.	S3175		
S3186 SS=E	26-41-205 (b) Administration of Selected Medications (b) Administration of select medications. Any resident who self-administers medication may select some medications to be administered by a licensed nurse or medication aide. The negotiated service agreement shall reflect this service and identify who is responsible for the administration and management of selected medications. This REQUIREMENT is not met as evidenced by: KAR 26-41-205 (b) The facility reported a census of 24 residents (R). The sample included 3 residents. Based on record review and interview the operator failed to ensure 2 (R921 and R922) of three sampled residents who self-administered some of their medications had a Negotiated Service Agreement that identified the responsible person for the administration and management of selected medications.	S3186		

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S3186	Continued From page 8 Findings included: - Review of R921's medical record revealed she moved into the Assisted Living Facility on 03/24/21 with diagnoses of anemia, hypertension, and gastro-esophageal reflux disease. R921's "Functional Capacity Screen" dated 03/24/22 identified the resident was unable to manage her medications and medical treatments. R921's "Negotiated Service Agreement dated 06/22/22 identified medications were administered according to a physician's orders by a "Certified Medication Aide", a "Licensed Practical Nurse", or a "Registered Nurse". It did not identify that the resident chose to self administer topical creams and the facility staff administered all other medications and medical treatments. Review of the resident's "Medication Administration Record" for September 2022 revealed the resident self administered Premarin cream (hormone), Hydrocortisone Cream (anti-itch) and Voltaren Cream (analgesic). On 09/21/22 at 09:23 AM R921 acknowledged that she had a couple of creams that she put on herself, but staff gave her the rest of her medications. On 09/21/22 at 12:54 PM "Administrative Nurse" B stated she did not realize the resident did any of her own creams and acknowledged the "Negotiated Service Agreement" did not include that the resident self-administered those selected	S3186		

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S3186	Continued From page 9 medications. The Administrator failed to ensure R921, who self-administered some of her medications, had a "Negotiated Service Agreement" identified the responsible person for the administration and management of selected medications. - Review of R922's medical record revealed she moved into the facility on 07/03/18 with diagnoses of osteoarthritis and osteoporosis. R922's "Functional Capacity Screen" dated 09/07/22 identified the resident was unable to manage her medications or medical treatments. R922's "Negotiated Service Agreement" NSA dated 04/05/22 identified medications were administered according to a physician's orders by a "Certified Medication Aide", a "Licensed Practical Nurse", or a "Registered Nurse". It did not identify that the resident chose to self administer topical creams and the facility staff administered all other medications and medical treatments. Review of the "Assessment for Self-Administration of Medications" dated 08/23/22 found in the resident's electronic medical record included assessment for inhalant medications but nothing for topical creams/ointments. On 09/20/22 at 02:05 PM the resident stated the only medication that she self-administered was her icy hot. On 09/20/22 at 02:12 PM "Certified Medication	S3186		

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S3186	Continued From page 10 Aide" C stated the resident did her own inhaler and muscle rub and the facility staff give her the rest of her medications. On 09/20/22 at 2:42 PM "Administrative Nurse" B acknowledged the NSA did not identify what medications the resident self-administered and what medications the facility staff administered. The Administrator failed to ensure R922, who self-administered some of her medications, had a "Negotiated Service Agreement" identified the responsible person for the administration and management of selected medications.	S3186		