

Kansas Department on Aging

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: B046049	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____	(X3) DATE SURVEY COMPLETED 09/28/2022
NAME OF PROVIDER OR SUPPLIER CLOVER CARE HOME		STREET ADDRESS, CITY, STATE, ZIP CODE 6320 ZARDA DRIVE SHAWNEE, KS 66226		
(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 represent the findings of a resurvey for the above named home plus facility conducted on 09/28/22.	S 000		
S5155 SS=E	26-42-204 (a) Health Care Services (a) The administrator or operator in each home plus shall ensure that a licensed nurse provides or coordinates the provision of necessary health care services that meet the needs of each resident and are in accordance with the functional capacity screening and the negotiated service agreement. This REQUIREMENT is not met as evidenced by: KAR 26-42-204(a) The facility reported a census of six residents with three included in the sample. Based on observation, interview, and record review the operator failed to ensure a licensed nurse completed an assessment for the purpose to use bed rails, ability to use bed rails safely without risk of entrapment, and to confirm the bed rails were not a restraint for Residents (R) 929 and R930. Findings included: - Record review for R929 revealed an admission date of 04/16/22 with the following diagnoses: depression, type two diabetes, and malnutrition.	S5155		

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

TITLE

(X6) DATE

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S5155	Continued From page 1 The 04/04/22 Admission "Functional Capacity Screen" (FCS) identified R929 required physical assistance with bathing and dressing; supervision with toileting, transfers, walking/mobility, eating, and management of medications and treatments; was occasionally incontinent of bladder; had short-term and long-term memory loss, memory/recall, and decision-making difficulties; was marked for falls and impaired decision-making. The 04/04/22 "Negotiated Service Agreement" (NSA) identified facility staff would provide R929 assistance with one staff one time a week for bathing and assistance of one staff for dressing; supervision for toileting, transfers, walking/mobility with a rolling walker, and bladder incontinence; set up assistance for eating; management of medications and treatments; and call bell to prevent falls. The 04/04/22 "Healthcare Service Plan" (HSP) directed facility staff to provide R929 minimal assistance for bathing and stand-by or minimal assistance for dressing; supervision for toileting, transfers, walking/mobility, and bladder incontinence; set up assistance for eating; management of medications and treatments; was cognitively impaired; and had a history of falls. R929's record lacked documentation of a bed rails assessment. The 09/28/22 "Resident Roster" provided by the facility documented R929 used bed rails. Observation on 09/28/22 at 02:17 PM revealed	S5155		

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S5155	Continued From page 2 bilateral bed rails were attached to R929's bed. - Record review for R930 revealed an admission date of 02/27/17 with the following diagnoses: major depression, anxiety, and acute kidney failure. The 08/29/22 annual "FCS" identified R930 was unable to perform bathing, dressing, toileting, transfers, walking/mobility, management of medications, and management of treatments; required physical assistance with eating; was always incontinent of bladder; had decision-making cognitive difficulties; was usually understandable and always understood others when communicating; and was marked for falls, and impaired decision-making. The 08/29/22 "NSA" identified facility would provide R930 total assistance with bathing, dressing, toileting, transfers, and walking/mobility with wheelchair; set-up assistance or total assistance for eating as needed; management of medications and treatments; assistance with bladder incontinence; encourage participation in activities for cognitive difficulties; allow time to process and reply when communicating; bilateral bed rails and call bell to prevent falls; and has a DPOA for impaired decision-making. The 08/29/22 "HSP" directed facility staff to provide R930 total assistance once a week for bathing; total assistance with dressing, toileting, transfers, and walking/mobility with wheelchair; set-up assistance or total assistance for eating as needed; management of medications and treatments; wears briefs and pads, and to use wipes for bladder incontinence; encourage	S5155		

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S5155	Continued From page 3 participation in activities for cognitive difficulties; allow time to process and reply when communicating; bilateral bed rails and call bell to prevent falls; and has a DPOA for impaired decision-making. R930's record lacked documentation of a bed rails assessment. The 09/28/22 "Resident Roster" provided by the facility documented R930 used bed rails. Observation on 09/28/22 at 02:13 PM revealed bilateral rails were attached to R930's bed. On 09/28/22 at approximately 01:38 PM Administrative Staff A confirmed there were no bed rail assessments on R929's and R930's. The operator failed to ensure a licensed nurse completed an assessment for the purpose to use bed rails, ability to use bed rails safely without risk of entrapment, and to confirm the bed rails were not a restraint for Residents (R) 929 and R930.	S5155		
S5192 SS=F	26-42-206 (e) Food Preparation (e) 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, fractures, pitted rust, or denting severe	S5192		

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S5192	Continued From page 4 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 26-42-206(e) The facility reported a census of six residents. The facility had a main kitchen where food was stored and prepared. Based on observation and interview the operator failed to document food service temperatures to ensure potentially hazardous foods were served at safe temperatures. Findings included: - Observation on 09/28/22 at 10:33 AM during tour of the kitchen revealed there was no record of food temperatures. On 09/28/22 at 10:36 AM Administrative Staff A confirmed food temperatures were not documented. The operator failed to document food service temperatures to ensure potentially hazardous foods were served at safe temperatures.	S5192		
S5195 SS=D	26-42-206 (f) (g) Facility Food Storage (f) Staff shall store all food under safe and	S5195		

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S5195	Continued From page 5 sanitary conditions. Containers of poisonous compounds and cleaning supplies shall not be stored in the areas used for food storage, preparation, or serving. (g) Each home shall maintain at least a three-day supply of food to meet the requirements of the planned menus. This REQUIREMENT is not met as evidenced by: KAR 26-42-206(f) The facility reported a census of six residents. The facility had a main kitchen where food was stored and prepared and extra food storage space in the basement. Based on record review and interview the operator failed to document food storage temperatures of the upright freezer and refrigerator/freezer in the basement to ensure foods were stored under safe conditions. Findings included: - Observation on 09/28/22 at 10:40 AM during initial tour revealed an upright freezer and refrigerator with a top freezer located in the facility's basement. The upright freezer and refrigerator had temperature logs attached to the doors with the last entries on both dated 05/05/21. There were 512 days foods used for cooking and serving to the residents was potentially unsafe. On 09/28/22 at 10:40 AM Administrative Staff A confirmed food storage temperatures were not documented.	S5195		

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S5195	Continued From page 6 The operator failed to document food storage temperatures of the upright freezer and refrigerator/freezer in the basement to ensure foods were stored under safe conditions.	S5195		
S5286 SS=D	26-42-205 (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 26-42-205(b) The facility reported a census of six residents with three included in the sample. Based on interview and record review the operator failed to ensure Resident (R) 929's "Negotiated Service Agreement" (NSA) identified who was responsible for the administration and management of select medications. Findings included: - Record review for R929 revealed an admission date of 04/16/22 with a diagnosis of type two diabetes mellitus. The 04/04/22 admission "Functional Capacity	S5286		

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S5286	Continued From page 7 Screen" (FCS) identified R929 required supervision for management of medications. The 04/04/22 "Negotiated Service Agreement" (NSA) identified facility staff would provide management of medications. The 04/04/22 "Healthcare Service Plan" (HSP) directed facility staff to provide management of medications. The 04/04/22 "NSA" failed to identify who was responsible for the management and administration of select medications for R929. The 04/18/22 "Self-Administration of Medications" documented R929 prepared and self-administered Trulicity (diabetic medication) injection. The 08/29/22 signed "Physicians Orders" documented Trulicity injection 0.5 milliliters (mL) subcutaneously once a week on Monday for insulin dependent diabetes mellitus. On 09/28/22 at 01:38 PM Administrative Staff A confirmed R929's NSA lacked documentation of who was responsible for the management and administration of select medications. The administrator failed to ensure R929's "NSA" identified who was responsible for the administration and management of select medications.	S5286		