

Kansas Department on Aging

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: N046040	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____	(X3) DATE SURVEY COMPLETED 10/26/2022
NAME OF PROVIDER OR SUPPLIER THE HOMESTEAD OF OLATHE NORTH		STREET ADDRESS, CITY, STATE, ZIP CODE 791 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 the licensure resurvey with attached complaint #'s 175622, 173164, and 165275 for the above named facility conducted on 10/25/22, 10/26/22 & 10/27/22.	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.	S3028		

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

TITLE

(X6) DATE

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S3028	Continued From page 1 This REQUIREMENT is not met as evidenced by: K.A.R. 26-41-101 (f) (3) The facility reported a census of thirty-five residents. The sample included three resident's (R's) and one closed record review. Based on interview and record review the operator failed to ensure an allegation of abuse was reported to the department within 24 hours of being notified of the allegation of abuse to R112. Findings included: - Record review on 10/26/22 for R112 revealed an admission date of 01/15/19, with diagnoses of unspecified dementia, tobacco use, anemia, chronic obstructive pulmonary disease, and peripheral vascular disease. Record review of R112 "Functional Capacity Screening" (FCS) dated 05/25/22 identified R112 required supervision with bathing and toileting. She lacked the ability to manage her own medications, was occasionally incontinent and had impaired short - term memory, impaired long - term memory, impaired memory recall and impaired decision making. Record review of R112 Combined "Negotiated service agreement" (NSA) /" Healthcare Service Plan" (HSP), stated the facility staff would provide stand by assist with bathing and lacked intervention/instructions for assisting R112 with toileting. Staff were instructed to remove the	S3028		

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S3028	Continued From page 2 resident from situations that caused agitation, and if the agitation did not resolve to contact the nurse or doctor. Record review of R112 progress notes dated 09/26/22 thru 10/26/22 revealed the following entry on 10/19/22 as a late entry at 11:15 AM - "Called resident son to inform him of the alleged incident involving staff abuse against resident." The progress notes lacked an entry on 10/14/22 of staff reporting to the nurse any behaviors from R112. Interview on 10/25/2022 at 01:35 PM with operator B, she confirmed she did not report the allegation of abuse to the department within 24 hours of being notified of the allegation by staff. The operator failed to ensure an allegation of abuse was reported to the department within 24 hours of being notified of the allegation of abuse to R112.	S3028		
S3215 SS=D	26-41-205 (h) Medication Storage (h) Storage. Licensed nurses and medication aides shall ensure that all medications and biologicals are securely and properly stored in accordance with each manufacturer ' s recommendations or those of the pharmacy provider and with federal and state laws and regulations. (1) Licensed nurses or medication aides shall store non-controlled medications and biologicals managed by the facility in a locked medication room, cabinet, or medication cart. Licensed nurses and medication aides shall store	S3215		

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S3215	Continued From page 3 controlled medications managed by the facility in separately locked compartments within a locked medication room, cabinet, or medication cart. Only licensed nurses and medication aides shall have access to the stored medications and biologicals. (2) Each resident managing and self-administering medication shall store medications in a place that is accessible only to the resident, licensed nurses, and medication aides. (3) Any resident who self-administers medication and is unable to provide proper storage as recommended by the manufacturer or pharmacy provider may request that the medication be stored by the facility. (4) A licensed nurse or medication aide shall not administer medication beyond the manufacturer ' s or pharmacy provider ' s recommended date of expiration. This REQUIREMENT is not met as evidenced by: K.A.R. 26-41-205 (h) (1) (4) The facility reported a census of thirty-five residents. The sample included three residents (R's) and one closed record review. Based on observation, interview and record review the operator failed to ensure the licensed/certified staff did not administer medication beyond the manufacturer's or pharmacy provider's recommended date of expiration for one insulin pen for R114 and further failed to ensure the certified/licensed staff stored all medications/biologicals in a locked medication	S3215		

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S3215	Continued From page 4 room, cabinet, or medication cart. Findings included: - On 10/25/22 at 01:25 PM observation of two medication carts located to the west of the dining room. One cart was against the pillar next to the dining room and the other against the wall to the left. Observation of the medication cart next to the pillar revealed the cart was unattended and the locking bolt was in the out position. Interview on 10/26/22 at 04:56 PM with Regional "Licensed Nurse" (LN) C, she confirmed the medication carts should be locked when unattended by staff. Interview on 10/27/22 at 08:42 AM with operator B revealed the facility has fifteen cognitively impaired independently mobile residents. Review of the undated facility policy titled "Medication: Storage of drugs and biologicals" revealed the following instructions to staff under the general guidelines; number fourteen "All carts must be locked when not in use". The operator failed to ensure certified/licensed staff stored all medications/biologicals in a locked medication room, cabinet, or medication cart. - On 10/25/22 at approximately 02:00 PM "Certified Medication Aide" (CMA) E opened the medication cart next to the pillar located at the	S3215		

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S3215	Continued From page 5 entrance to the dining room. Observation revealed in the second drawer from the top an opened and in-use Lantus insulin pen 100 units per milliliter. The pen did not have a name or date on the pen. CMA E confirmed the pen belonged to R114. She confirmed the pen lacked the date the pen was opened and the resident name. Interview on 10/26/22 at 05:00 PM with Regional "Licensed Nurse" (LN) C, she confirmed the insulin pens were to be dated when opened for use. Review of manufacture recommendations for the Lantus insulin pen instructed patients to throw the pen away after twenty-eight days even if the pen still has insulin in it. The operator failed to ensure the licensed/certified staff did not administer medication beyond the manufacturer's or pharmacy provider's recommended date of expiration for one insulin pen for R114.	S3215		
S3230 SS=F	26-41-103 (a) Staff Development a) The administrator or operator of each assisted living facility or residential health care facility shall ensure the provision of orientation to new employees and regular in-service education for all employees to ensure that the services provided assist residents to attain and maintain their individuality, autonomy, dignity, independence, and ability to make choices in a home environment.	S3230		

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S3230	Continued From page 6 This REQUIREMENT is not met as evidenced by: K.A.R. 26-41-103 (a) The facility reported a census of thirty-five residents. The sample included three resident's (R's) and one closed record review. Based on observation, interview and record review the operator failed to provide required employee education in a language the non-English speaking employee could understand. The non - English speaking employee used a translator application on her cellular phone to communicate with other staff. The lack of ensuring the non - English speaking employee understood her responsibility in reporting immediately any act of abuse, neglect, and exploitation resulted in an incident of physical abuse she personally witnessed to R112 on 10/14/22. She then waited to tell another staff member until 10/18/22. The non-English speaking staff told another staff member she did not know who to report it to, and as a result the incident was not reported to the operator until the evening of 10/18/22. This resulted in the perpetrator to remain in the facility for the remainder of the eight hour shift and worked another complete 8 hour shift on 10/16/22, placing all residents at risk for abuse. Findings included: - Record review on 10/26/22 for R112 revealed an admission date of 01/15/19, with diagnoses of unspecified dementia, tobacco use, anemia, chronic obstructive pulmonary disease, and peripheral vascular disease.	S3230		

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S3230	Continued From page 7 Record review of R112 "Functional Capacity Screening" (FCS) dated 05/25/22 identified R112 required supervision with bathing and toileting. She lacked the ability to manage her own medications, was occasionally incontinent and had impaired short - term memory, impaired long - term memory, impaired memory recall and impaired decision making. Record review of R112 Combined "Negotiated service agreement" (NSA) /" Healthcare Service Plan" (HSP), stated the facility staff would provide stand by assist with bathing and lacked intervention/instructions for assisting R112 with toileting. Staff were instructed to remove the resident from situations that caused agitation, and if the agitation did not resolve to contact the nurse or doctor. Record review of R112 progress notes dated 09/26/22 thru 10/26/22 revealed the following entry on 10/19/22 as a late entry at 11:15 AM - "Called resident son to inform him of the alleged incident involving staff abuse against resident." The progress notes lacked an entry on 10/14/22 of staff reporting to the nurse any behaviors from R112. - Record review of non - certified staff A revealed her approximate hire date as of 04/05/2013 as a non-certified staff. The records included the following documents printed in English: New Employee Orientation dated 03/25/13 and	S3230		

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S3230	Continued From page 8 signed in English by non-certified staff A. Employee Handbook Acknowledgement dated 11/03/20 and signed by non-certified staff A. The document contained the following statement directly above the staff signature: "I also agree to abide by the policies of the Employer and the laws of this state as they pertain to abuse and neglect of residents/patients. I realize that participation in abuse or neglect of residents/patients or failure to report such incidents of which I have knowledge, may result in termination and civil and/or criminal charges. I also understand that I will not be suspended, terminated, or discriminated against for reported abuse and neglect. Disclaimer dated 03/25/13 and signed by non-certified staff A. Record review of the facility in-service sign in sheets revealed the following: 04/22/22 Inservice for Sexual Harassment, Abuse, Neglect and Exploitation, and Resident Rights was provided, and non-certified staff member signed the sign in sheet. Record review of Olathe Kansas Police Report dated 10/20/22, on page four in the third paragraph is the following statement: Operator B advised the incident was reported to her today by a housekeeper, non-certified staff A, she has been an employee for 11 years and never reported any prior incidents. Non-certified staff A does not speak English fluently, so operator B sued Google translate for parts of the conversation.	S3230		

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S3230	Continued From page 9 Interview on 10/25/22 at 03:15 PM with operator B, she stated non-certified staff A was very limited in speaking English. She continued that communication with non-certified staff A was performed with the use of a translator application on her cell phone. She on 10/18/22 dietary staff D came into her office with non-certified staff A with the language translation application on her phone opened. She stated non-certified staff A had witnessed abuse. Interview on 10/25/22 at 02:35 with non-certified staff A, she called her granddaughter to translate the interview. The translator stated that non-certified staff A stated cannot read English, and she did not report the incident of abuse because she did not feel comfortable doing so. She stated the incident occurred just before lunch on 10/14/22. Non-certified staff A stated thru the translator she can sometimes communicate with gestures with staff and residents. She continued at times staff would ask her to go into the resident rooms and talk to them while cares were being performed. Interview on 10/26/22 at 09:28 AM with operator B, she confirmed that she received an electronic mail response to the request for non-certified staff A training in her native language. She continued the human resource department did not provide an employee handbook in Spanish to non-certified staff A. Interview on 10/26/22 at 09:44 AM with non-certified staff A revealed the following: non-certified staff A was asked to write a witness statement in Spanish and was provide a witness	S3230		

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S3230	Continued From page 10 statement written in Spanish. Non-certified staff A responded using the translator application on her phone "The truth is I can hardly write very clearly. That's why I don't write it, but only if I take it home and my granddaughter helps me there". Interview on 10/26/22 at 05:00 PM with Regional "Licensed Nurse" (LN), she confirmed the facility does not have a policy for training non-English speaking staff. Interview on 10/27/22 at 10:42 AM with dietary staff D revealed, non-certified staff A came into the kitchen "last Tuesday" (10/18/22) and using the translator application on her phone told dietary staff D she wanted to talk to her. Dietary staff D stated non-certified staff A said the following "I want to talk to you, but don't know how to tell, I have never told anyone else and don't know who to tell". Dietary staff D stated at this time non-certified A reported the allegation of abuse to her. Non-certified staff A then told dietary staff D she wanted dietary staff D to go with her to report the incident to operator B. Dietary staff D stated all communication went the translator application on non-certified staff A's phone. The operator failed to provide required employee education in a language the non-English speaking employee could understand. The non - English speaking employee used a translator application on her cellular phone to communicate with other staff. The lack of ensuring the non - English speaking employee understood her responsibility in reporting immediately any act of abuse, neglect, and exploitation resulted in an	S3230		

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S3230	Continued From page 11 incident of physical abuse she personally witnessed to R112 on 10/14/22. She then waited to tell another staff member until 10/18/22. The non-English speaking staff told another staff member she did not know who to report it to, and as a result the incident was not reported to the operator until the evening of 10/18/22. This resulted in allowing the perpetrator to remain in the facility for the remainder of the shift and work another complete shift placing all residents at risk for abuse.	S3230		
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, 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: K.A.R 26-41-206 (d)	S3298		

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S3298	Continued From page 12 The facility reported a census of thirty-five residents. Based on interview and record review the operator failed to ensure the resident's food was served at the proper temperature and further failed to ensure the dietary staff followed the facility policy on obtaining food temperatures and documenting them prior to serving the meals. Findings included: - Record review on 10/25/22 at 01:58 of the facility food temperature logs revealed the last food temperature date recorded on the log was 09/01/22. Record review of the facility policy titled "Monitoring food temperatures for meal service" and dated 04/06/2020, revealed the following instruction to staff under procedures: "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". Interview on 10/25/22 at 01:58 PM with dietary staff D, she confirmed the records lacked documentation past 09/01/22 for food temperatures recorded prior to the meal being served. The operator failed to ensure the resident's food was served at the proper temperature and further failed to ensure the dietary staff followed the facility policy on obtaining food temperatures and documenting them prior to serving the meals.	S3298		

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S3310 SS=D	26-41-207 (b) (5-6) (c) Infection Control Policies (b) (5) prohibiting any employee with a communicable disease or any infected skin lesions from coming in direct contact with any resident, any resident ' s food, or resident care equipment until the condition is no longer infectious; (6) providing orientation to new employees and employee in-service education at least annually on the control of infections in a health care setting; and (c) Each administrator or operator shall ensure the facility ' s compliance with the department ' s tuberculosis guidelines for adult care homes adopted by reference in K.A.R. 26-39-105 This REQUIREMENT is not met as evidenced by: K.A.R. 26-41-207 (c) The facility reported a census of thirty-five residents. The sample included three residents, one closed record review and five newly hired employees. Based on record review and interview the operator failed to ensure the facility's compliance with the department's tuberculosis (TB) guidelines for "Licensed Nurse" (LN) F, and "Certified Medication Aide" (CMA) G. Findings included: - Record review on 10/27/22 for LN F revealed she was hired on 08/22/22. The record lacked documentation of the required two step TB test being performed within seven days of	S3310		

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S3310	Continued From page 14 employment, it further lacked the required second step of the TB test being performed within one to three weeks of the completed first step. Record review for CMA G revealed she was hired on 12/06/21. The record contained a TB skin test consent form. The first step was implanted on 12/06/21 at 03:00 PM and read on "12/2021" with no specific date written and no specific time indicated when the test was completed. Interview on 10/26/22 with operator B at 05:00 PM, she confirmed CMA G first step TB lacked the actual date and time the test was read. Interview on 10/27/22 with Regional LN C, she confirmed LN F records lacked the required two step TB test within seven days of employment. The operator failed to ensure the facility's compliance with the department's tuberculosis (TB) guidelines for "Licensed Nurse" (LN) F, and "Certified Medication Aide" (CMA) G.	S3310		
S3320 SS=E	28-39-254 CONSTRUCTION (a) The assisted living facility or residential health care facility shall be designed, constructed, equipped and maintained to protect the health and safety of residents, personnel and the public. (b) All new construction, renovation, remodeling and changes in building use in existing buildings shall comply with building and fire codes, ordinances and regulations enforced	S3320		

Kansas Department on Aging

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: N046040	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____	(X3) DATE SURVEY COMPLETED 10/26/2022
NAME OF PROVIDER OR SUPPLIER THE HOMESTEAD OF OLATHE NORTH		STREET ADDRESS, CITY, STATE, ZIP CODE 791 N SOMERSET TERRACE OLATHE, KS 66062		
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S3320	Continued From page 15 by city, county, and state jurisdictions, including the state fire marshal. (c) New construction, modifications and equipment shall conform to the following codes and standards: (1) Title III of the Americans with disabilities act, 42 U.S.C. 12181, effective as of January 26, 1992; and (2) "Food Service Sanitation Manual," health, education, and welfare (HEW) publication no. FDA 78-2081, as in effect on July 1, 1981. This REQUIREMENT is not met as evidenced by: K.A.R. 28-39-254 (a) The facility reported a census of thirty-five residents. Based on observation and interview the operator failed to ensure the facility was maintained to protect the health and safety of residents, personnel and the public related to unlocked chemicals in common areas of the facility, which had fifteen cognitively impaired and independently mobile residents. Findings included: - On 10/25/22 at approximately 02:00 PM during the guided facility tour the following unlocked chemicals were observed in the kitchen area of the hallway in which the 500 series of rooms were located: in the unlocked cabinet over the sink was an opened bottle of Equate fingernail polish remover and 1 bottle of Isopropyl alcohol,	S3320		

Kansas Department on Aging

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: N046040	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____	(X3) DATE SURVEY COMPLETED 10/26/2022
NAME OF PROVIDER OR SUPPLIER THE HOMESTEAD OF OLATHE NORTH		STREET ADDRESS, CITY, STATE, ZIP CODE 791 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
S3320	Continued From page 16 and on the counter 1 package of six lavender wax melts. Record review of undated facility policy titled "Safety and Security" on page four of five it instructed staff to not leave chemicals in areas accessible to tenants. Interview on 10/27/22 at approximately 08:42 AM with operator B, she confirmed there were fifteen independently mobile and cognitively impaired residents, and she further confirmed all chemicals should be in a locked cabinet. The operator failed to ensure the facility was maintained to protect the health and safety of residents, personnel and the public related to unlocked chemicals in common areas of the facility which had fifteen cognitively impaired and independently mobile residents.	S3320		