

Kansas Department on Aging

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| STATEMENT OF DEFICIENCIES<br>AND PLAN OF CORRECTION                            |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | (X1) PROVIDER/SUPPLIER/CLIA<br>IDENTIFICATION NUMBER:<br><br><b>N046062</b>                   | (X2) MULTIPLE CONSTRUCTION<br>A. BUILDING: _____<br><br>B. WING: _____                                                   | (X3) DATE SURVEY<br>COMPLETED<br><br><b>01/25/2023</b> |
| NAME OF PROVIDER OR SUPPLIER<br><br><b>THE ATRIUMS SENIOR LIVING COMMUNITY</b> |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | STREET ADDRESS, CITY, STATE, ZIP CODE<br><b>7300 W 107 STREET<br/>OVERLAND PARK, KS 66212</b> |                                                                                                                          |                                                        |
| (X4) ID<br>PREFIX<br>TAG                                                       | SUMMARY STATEMENT OF DEFICIENCIES<br>(EACH DEFICIENCY MUST BE PRECEDED BY FULL<br>REGULATORY OR LSC IDENTIFYING INFORMATION)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | ID<br>PREFIX<br>TAG                                                                           | PROVIDER'S PLAN OF CORRECTION<br>(EACH CORRECTIVE ACTION SHOULD BE<br>CROSS-REFERENCED TO THE APPROPRIATE<br>DEFICIENCY) | (X5)<br>COMPLETE<br>DATE                               |
| S 000                                                                          | INITIAL COMMENTS<br><br>The following represent the findings of a<br>resurvey for the above named assisted living<br>facility conducted on 01/23/23 and 01/25/23.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | S 000                                                                                         |                                                                                                                          |                                                        |
| S3211<br>SS=F                                                                  | 26-41-205 (g) (3) OVER THE COUNTER<br>DRUGS<br><br>(3) A licensed nurse or medication aide may<br>accept over-the-counter medication only in its<br>original, unbroken manufacturer ' s package. A<br>licensed pharmacist or licensed nurse shall<br>place the full name of the resident on the<br>package. If the original manufacturer ' s package<br>of an over-the-counter medication contains a<br>medication in a container, bottle, or tube that can<br>be removed from the original package, the<br>licensed pharmacist or a licensed nurse shall<br>place the full name of the resident on both the<br>original manufacturer ' s medication package and<br>the medication container.<br><br>This REQUIREMENT is not met as evidenced<br>by:<br>KAR 26-41-205 (g)(3)<br><br>The facility reported a census of 30 residents.<br>Based on observation and interview the operator<br>failed to ensure a licensed pharmacist or<br>licensed nurse placed the full names of residents<br>on the original package of eight over-the-counter<br>(OTC) medications.<br><br>Findings included:<br><br>- Observation on 01/23/23 at 12:26 PM revealed | S3211                                                                                         |                                                                                                                          |                                                        |

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

TITLE

(X6) DATE

Kansas Department on Aging

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| NAME OF PROVIDER OR SUPPLIER<br><br><b>THE ATRIUMS SENIOR LIVING COMMUNITY</b> |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | STREET ADDRESS, CITY, STATE, ZIP CODE<br><b>7300 W 107 STREET<br/>OVERLAND PARK, KS 66212</b> |                                                                                                                          |                                                        |
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| S3211                                                                          | Continued From page 1<br><br>Certified Medication Aide (CMA) D unlocked and opened medication cart A which contained medications for the residents. The following OTC medications were not labeled with residents' full names:<br><br>Top drawer in a slot labeled 214:<br>One bottle of melatonin five milligrams (mg), 90 tablets<br><br>Second drawer in a slot labeled 215:<br>One bottle of vitamin D3 25 micrograms (mcg), 300 softgels<br><br>Third drawer in a slot labeled 207:<br>One bottle of women's 50 plus vitamins, 300 tablets<br><br>On 01/23/23 at approximately 12:26 PM CMA D confirmed some medications in medication cart A were not labeled with residents' full names.<br><br>On 01/25/23 at approximately 10:56 AM Administrative Nurse C confirmed some medications in medication cart A were not labeled with residents' full names.<br><br>The operator failed to ensure all OTC medications were labeled with the residents' full names. | S3211                                                                                         |                                                                                                                          |                                                        |
| S3299<br>SS=F                                                                  | 26-41-206 (e) (1) Facility Food Storage<br><br>(e) Food storage. Facility staff shall store all food under safe and sanitary conditions.<br>(1) Containers of poisonous compounds and cleaning supplies shall not be stored in the areas used for food storage, preparation, or serving.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | S3299                                                                                         |                                                                                                                          |                                                        |

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| S3299                                                                          | <p>Continued From page 2</p> <p>This REQUIREMENT is not met as evidenced by:<br/>KAR 26-41-206(e)</p> <p>The facility reported a census of 30 residents. The facility had a main kitchen where food was stored and prepared and a pantry with a refrigerator where food was stored on the assisted living floor. Based on observation and interview the operator failed to ensure dietary staff stored food under safe conditions.</p> <p>Findings included:</p> <ul style="list-style-type: none"> <li>- Observation on 01/23/23 at 12:13 PM of the assisted living pantry during initial tour revealed the refrigerator contained the following:</li> </ul> <p>Expired items:</p> <p>One single-serving size of Activia yogurt with an expiration date of 09/08/22, which was 137 days past expiration.</p> <p>One Premier Protein shake, 11 ounces (oz), with an expiration date of 01/03/23, which was 20 days past expiration.</p> <p>One Premier Protein shake, 11 ounces oz, with an expiration date of 01/10/23, which was 13 days past expiration</p> <p>Opened items that were not labeled with an open date:</p> <p>One eight and half pound plastic jug of La Victoria Salsa Picante</p> <p>One 64 oz plastic container of apple cider</p> | S3299                                                                                         |                                                                                                                          |                                                        |

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| S3299                                                                          | Continued From page 3<br><br>One 48 oz plastic container of applesauce<br><br>On 01/23/23 at approximately 12:13 PM<br>Administrative Staff A confirmed all expired food<br>items should be removed and opened food items<br>should be labeled and dated with the date<br>opened.<br><br>The operator failed to ensure dietary staff stored<br>food under safe conditions.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | S3299                                                                       |                                                                                                                          |  |                                                        |
| S3310<br>SS=F                                                                  | 26-41-207 (b) (5-6) (c) Infection Control Policies<br><br>(b) (5) prohibiting any employee with a<br>communicable disease or any infected skin<br>lesions from coming in direct contact with any<br>resident, any resident ' s food, or resident care<br>equipment until the condition is no longer<br>infectious;<br>(6) providing orientation to new employees and<br>employee in-service education at least annually<br>on the control of infections in a health care<br>setting; and<br>(c) Each administrator or operator shall ensure<br>the facility ' s compliance with the department ' s<br>tuberculosis guidelines for adult care homes<br>adopted by reference in K.A.R. 26-39-105<br><br>This REQUIREMENT is not met as evidenced<br>by:<br>KAR 26-41-207(c)<br><br>The facility reported a census of 30 residents.<br>Based on interview and record review the<br>operator failed to ensure the facility remained in | S3310                                                                       |                                                                                                                          |  |                                                        |

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| S3310                                                                          | <p>Continued From page 4</p> <p>compliance with the department's tuberculosis (TB) guidelines for adult care homes adopted by reference in KAR 26-39-105 for one of three sampled staff and three of three sampled residents.</p> <p>Findings included:</p> <ul style="list-style-type: none"> <li>- Record review for R123 revealed an admission date of 09/25/22 with the following diagnoses: prostate cancer and atrial fibrillation.</li> </ul> <p>Review of the 09/28/22 first of a two-step TB skin test for R123 revealed a negative result.</p> <p>R123's record lacked evidence of the second of the two-step TB skin test results or a TB symptom screen.</p> <ul style="list-style-type: none"> <li>- Record review for R125 revealed an admission date of 09/25/22 with the following diagnoses: post ablative hypothyroidism and left paraspinal back pain.</li> </ul> <p>Review of the 09/25/22 first of a two-step TB skin test for R123 revealed it was read on 09/25/22 with a negative result.</p> <p>R123's record lacked evidence of the second of the two-step TB skin test results or a TB symptom screen.</p> <ul style="list-style-type: none"> <li>- Record review for one staff revealed the following:</li> </ul> <p>Certified Nurse Aide (CNA) E's employee record revealed a hire date of 07/26/21.</p> | S3310                                                                                         |                                                                                                                          |                                                        |

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| S3310                                                                          | <p>Continued From page 5</p> <p>The 05/27/18 chest x-ray for CNA E was negative for TB.</p> <p>CNA E's record lacked evidence of a TB symptom screen completed within seven days of hire and a yearly symptom screen.</p> <p>On 01/25/23 at approximately 09:07 AM Administrative Nurse C confirmed R123, R125, and CMA E's record lacked evidence TB testing and symptom screening was conducted per the department's guidelines.</p> <p>The operator failed to ensure the facility remained in compliance with the department's tuberculosis guidelines for adult care homes adopted by reference in KAR 26-39-105.</p> | S3310                                                                                         |                                                                                                                          |                                                        |