

Kansas Department on Aging

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: B046078	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____	(X3) DATE SURVEY COMPLETED 04/06/2023
NAME OF PROVIDER OR SUPPLIER MAGGIE'S PLACE AT COLONIAL VILLAGE BUILDING		STREET ADDRESS, CITY, STATE, ZIP CODE 12640 W 137TH ST OVERLAND PARK, KS 66221		
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S 000	INITIAL COMMENTS The following citations represent the findings of the licensure resurvey with attached complaint number 178223, for the above named facility conducted on 04/05/23 and 04/06/23.	S 000		
S5105 SS=F	26-42-202 (a) Negotiated Service Agreement a) The administrator or operator of each home plus 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: K.A.R. 26-42-202 (a) (1) The facility reported a census of 10 residents. The sample included 3 "Residents" ((R's) 1, 2, and 3). Based on interview and record review the Operator failed to ensure the "Negotiated Service Agreement" (NSA) for R's 1, 2 and 3 was based on their "Functional Capacity Screen" (FCS) and provided a description of the services	S5105		

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

TITLE

(X6) DATE

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S5105	Continued From page 1 for falls for R's 1, 2, and 3, and further failed to implement services for skin preservation for R3. Findings include: - Record review on 04/06/23 for R1 revealed an admission date of 03/08/23, with diagnoses of unspecified dementia, need for assistance with personal care, kidney failure, weakness, repeated falls, atrial fibrillation, and reduced mobility. Review of R1's FCS dated 02/27/23 identified R1 required physical assistance with bathing, dressing toileting, transferring, walking/mobility, she lacked the ability to manage her own medication, she had impaired short-term memory, impaired-long term memory, impaired memory recall and impaired decision making. She was sometimes able to make herself understood and she sometimes understood others. She was marked with falls, impaired vision, impaired hearing, impaired decision making, and she used a wheelchair mobility device. Review of R1's NSA dated 03/08/23 identified the facility staff would provide the following health services: assistance with activities of daily living, and she used a wheelchair. Facility staff would assist with the following: transferring, dressing, bathing, toileting, and administration of medications. The NSA lacked identification of facility provided services for fall prevention.	S5105		

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S5105	Continued From page 2 Review of R1's "Service Plan" instructed facility staff to approach R1 from the front in a friendly manner and speak clearly and slowly enough to give R1 time to respond. One staff was required for assistance with transferring, mobility, and toileting, dressing and a licensed/certified staff member to manage R1's medications. The Service Plan lacked instructions for staff in fall prevention interventions. Review of R1's electronic progress notes dated 03/08/23 to 04/04/23 revealed the following entries: 04/03/23 at 02:48 at approximately 07:00AM the nurse was called to assess R1 due to a fall. R1 was observed laying on the floor on her right side in another resident's room. 03/08/23 at 08:24 PM resident readmitted to the facility after a discharge from skilled nursing for rehabilitation for a post fall hospitalization. - Record review on 04/06/23 for R2 revealed an admission date of 08/30/22 with diagnoses of Dementia, major depressive disorder, generalized anxiety disorder, essential tremor, urinary incontinence, atherosclerotic heart disease, chronic kidney disease stage 3A, and repeated falls. Review of R2's FCS dated 03/09/23 identified R2 required physical assistance with bathing, toileting, dressing, transferring, and walking/mobility. She lacked the ability to manage her own medications, had impaired	S5105		

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S5105	Continued From page 3 short-term memory, impaired-long term memory, impaired memory recall and impaired decision making. She could usually make herself understood and she usually understood others. She was marked with falls, impaired vision, and used a walker and wheelchair mobility device. Review of R2's NSA dated 03/09/23 identified the facility staff would provide the following health services: assistance with mobility, transferring, dressing, toileting, and bathing, she used a wheelchair mobility device. The NSA lacked identification of facility provided services for fall prevention. Review of R2's "Service Plan" instructed facility staff to provide one staff member for assistance with transferring, mobility, and toileting, dressing and a licensed/certified staff member to manage R2's medications. The Service Plan lacked instructions for staff in fall prevention interventions. Review of R2's electronic progress notes dated 10/17/22 to 04/05/23 revealed the following entries: 10/17/22 at 03:31 AM at approximately 02:20 AM R2 was found lying on the bathroom floor and sent to the emergency room for evaluation. 10/17/22 at 10:30 AM clinical director checked on R2 status in the emergency room and was reported that R2 had a spiral fracture of the left humerus.	S5105		

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S5105	Continued From page 4 11/18/11 at 12:25 PM resident readmitted after hospitalization and stay in skilled nursing for rehabilitation following a fall resulting from a fall with a fracture. Interview on 04/06/23 at approximately 01:30 PM with operator C, she confirmed R2's documents lacked interventions for fall prevention. - Record review on 04/06/23 for R3 revealed an admission date of 05/16/22 with diagnoses of dementia, anxiety disorder, major depressive disorder, aural vertigo, arthritis, urinary incontinence, binocular vision, phlebitis and thrombophlebitis of deep vessels, muscle weakness, syncope and collapse, and dysphagia following unspecified cerebrovascular disease. Review of R3's FCS dated 11/17/33 identified R3 required physical assistance with bathing, dressing, toileting, transferring, walking/mobility, and supervision with eating. She lacked the ability to manage her own medications, had impaired short-term memory, impaired long-term memory, impaired memory recall and impaired decision making. She was usually able to make herself understood and she sometimes understood others. She was marked with falls, impaired vision, and impaired decision making. Review of R3's NSA dated 11/17/22 identified the facility staff would provide the following health care services: assistance with mobility, she used a wheelchair, assistance with transferring, dressing, toileting, bathing and licensed/certified staff would administer her medications. The NSA lacked identification of facility provided	S5105		

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S5105	Continued From page 5 services for fall prevention and skin preservation. Review of R3's Service Plan instructed facility staff to provide assistance with dressing with 2 staff members, crush her medications and administer with applesauce as necessary, provide 2 staff for mobility, and provide 1 staff member to assist with toileting. Staff to provide supervision with dining, and one staff assistance with transferring. The Service Plan lacked identification of facility provided services for fall prevention and skin preservation. Review of R3's progress notes dated 09/10/22 to 04/04/23 revealed the following entries: 09/10/22 at 01:26 PM "has a red area on left hip skin prep applied, has an area that is very thin skin". 10/15/22 at 05:24 PM "symptoms of confusion remain. Resident helped off the floor in her room, sitting next to her bed. Stated she sat on the floor when her legs gave up trying to get in bed." 11/21/22 at 05:36 PM Clinical director received notice that R3 slept on her left side and acquired an open wound to the left hip. 11/23/22 R3 admitted to hospice services. 03/31/23 at 06:20 PM "residents blister to left foot opened". The Operator failed to ensure the "Negotiated	S5105		

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S5105	Continued From page 6 Service Agreement" (NSA) for R's 1, 2 and 3 was based on their "Functional Capacity Screen" (FCS) and provided a description of the services for falls for R's 1, 2, and 3, and further failed to implement services for skin preservation for R3.	S5105		
S5215 SS=F	26-42-104 (d) Disaster and Emergency Preparedness Education (d) Each administrator or operator shall ensure disaster and emergency preparedness by ensuring the performance of the following: (1) Orientation of new employees at the time of employment to the home ' s emergency management plan; (2) education of each resident upon admission to the home regarding emergency procedures; (3) quarterly review of the home ' s emergency management plan with employees and residents; and (4) an emergency drill, which shall be conducted at least annually with staff and residents. This drill shall include evacuation of the residents to a secure location. This REQUIREMENT is not met as evidenced by: K.A.R. 26-42-104 (d)(3) The facility reported a census of 10 residents. Based on record review and interview the operator failed to ensure a quarterly review of the facility's emergency management plan was reviewed quarterly with employees and residents.	S5215		

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S5215	Continued From page 7 Findings include: - Review of the electronic mail provided by Operator C revealed a list of 83 "electronic mail" (e-mail) addresses, and the message stated "these residents received the emergency preparedness document via e-mail September 2022" Review of the facility provided document titled "Resident and Family Council" and was dated 11/30/22 revealed a section titled "Plant Operations" and the following: "Life Safety Survey - zero deficiency". The document lacked a section for the review of the facility's emergency management plan. Review of the facility provided document titled "Resident and Family Council" and was dated 03/29/23 under the section titled "Plant Operations" revealed the following: "Recap of active shooter 03/29/23 survey with police department". The document lacked a section for the review of the facility's emergency management plan. Review of the undated facility provided document titled "Skills Fair" identified a section for "Emergency Disaster Preparedness Manual". Interview 04/05/23 at approximately 01:30 PM with Operator C, she confirmed the records lacked documentation of a quarterly review of the facility's emergency management plan was reviewed quarterly with employees and residents.	S5215		

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S5215	Continued From page 8 The operator failed to ensure a quarterly review of the facility's emergency management plan was reviewed quarterly with employees and residents.	S5215		
S5230 SS=F	26-42-207 (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; (c) Each administrator or operator shall ensure the home '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. 26-42-207 (c) The facility reported a census of 10 residents and 5 newly hired employees. Based on interview and record review the operator failed to ensure the home's compliance with the department's "tuberculosis" (TB) guidelines for adult care homes adopted by reference in K.A.R. 26-39-105 for newly hired employees C, D, and E.	S5230		

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S5230	Continued From page 9 Findings include: - Record review of newly hired operator C revealed a hire date of 01/16/22. The personnel file contained a completed 2 step TB skin test that was completed on 05/20/20. The personnel file lacked an annual TB symptom screening. Review of newly hired employee D revealed a hire date of 02/08/22. The personnel file contained a completed 2 step TB skin test that was completed on 03/24/22. The personnel file lacked an annual TB symptom screening. Review of newly hired employee E revealed a hire date of 03/05/21. The personnel file contained a completed 2 step TB skin test that was completed on 04/02/21. The personnel file lacked an annual TB symptom screening. Interview on 04/06/23 at 09:50 AM with human resources employee B, he confirmed the records for newly hired employees C, D, and E lacked the required annual TB symptom screen. The operator failed to ensure the home's compliance with the department's "tuberculosis" (TB) guidelines for adult care homes adopted by reference in K.A.R. 26-39-105 for newly hired employees C, D, and E.	S5230		
S5313 SS=F	26-42-205 (g) (3) Over the counter medication (g) (3) A licensed nurse or medication aide may accept over-the-counter medication only in its original, unbroken manufacturer ' s package. A licensed pharmacist or licensed nurse shall place the full name of the resident on the	S5313		

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S5313	Continued From page 10 package. If the original manufacturer ' s package of an over-the-counter medication contains a medication in a container, bottle, or tube that can be removed from the original package, the licensed pharmacist or a licensed nurse shall place the full name of the resident on both the original manufacturer ' s medication package and the medication container. This REQUIREMENT is not met as evidenced by: K.A.R. 26-42-205 (g)(3) The facility reported a census of 10 residents. Based on observation and interview the operator failed to ensure all "Over-The-Counter" (OTC) medications bottles were labeled with the resident full name of who it belonged to. Findings include: - Observation on 04/05/23 at approximately 02:45 PM, "Certified Medication Aide" (CMA) F opened the locked medication care and revealed the following OTC medications that lacked the resident full name: Famotidine 20 milligram tablets. Restora 1 box 1 bottle of clear laxative and one bottle of Number 2 Cranberry 4200 micrograms. Interview on 04/05/23 at 02:45 PM with CMA F, she confirmed the OTC medications lacked the resident's full name of who they belonged to.	S5313		

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