

Kansas Department on Aging

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: N046043	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____	(X3) DATE SURVEY COMPLETED 04/12/2023
NAME OF PROVIDER OR SUPPLIER THE HOMESTEAD OF LENEXA		STREET ADDRESS, CITY, STATE, ZIP CODE 8740 CAENEN LAKE RD LENEXA, KS 66215		
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S 000	INITIAL COMMENTS The following citations represent the findings of a resurvey with complaints (#175929, #175759, #174877, #174115, #173560 and #164954) at the above named facility conducted on 04/11/23 and 04/12/23.	S 000		
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 census equaled 35 residents. The sample included 3 residents and 1 closed record review resident. Based on record review and interview, Administrator A failed to ensure a licensed nurse provided or coordinated the provision of necessary health care services in accordance with acceptable standards of practice, which met the needs of 1 closed record review Resident (R)8. Findings included: - R8's "Medical Record" revealed he admitted to the facility on 05/06/22 with diagnoses of Alzheimer's Disease, mild cognitive impairment, anxiety disorder, borderline personality disorder and major depressive disorder.	S3171		

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

TITLE

(X6) DATE

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S3171	Continued From page 1 The "Functional Capacity Screen (FCS)/ Negotiated Service Agreement (NSA)" dated 04/27/22 recorded the resident as independent with bathing, dressing, toileting, transfer, walk/mobility and eating and supervision required for management of medications and treatments. The "Service Plan" dated 04/27/22 recorded resident as independent with bathing, dressing, toileting, transfer, walk/mobility and eating and facility staff managed medications and treatments. Signed physician orders dated 05/12/22 recorded, "Lithium 600 milligrams by mouth at bedtime" and "Lithium 300 milligrams by mouth at bedtime." Signed physician orders dated 05/26/22 recorded R8 to have monthly lithium lab values drawn. Lithium lab value obtained on 05/24/22. Lithium lab value not drawn again until hospitalization on 07/21/22. Nurse's Note dated 07/21/22 recorded, "On 07/20/22 At approximately 04:45 PM resident had [facility staff] call this nurse, he said he was not feeling well, complained of increased memory problems, tremors, delusions. Resident was requesting to go to ER for eval and treat. Resident ate about half his dinner and EMS (Emergency Medical Services) was called and he left with EMS at approximately 05:30 PM." "After Visit Summary" dated 07/25/22 from hospital recorded R8 hospitalized from 07/21/22 to 07/25/22 with lithium toxicity diagnosis.	S3171		

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S3171	Continued From page 2 Interview on 04/12/23 at 09:09 AM with Licensed Nurse (LN) B confirmed unable to locate monthly lithium lab draw for June 2022 on R8 and further confirmed R8 went to hospital on 07/21/22 with diagnosis of lithium toxicity. Administrator A failed to ensure a licensed nurse provided or coordinated the provision of necessary health care services in accordance with acceptable standards of practice, which met the needs of 1 closed record review Resident (R)8.	S3171		
S3211 SS=D	26-41-205 (g) (3) OVER THE COUNTER DRUGS (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 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: KAR 26-41-205 (g) (3) The census totaled 35 residents. The sample	S3211		

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S3211	Continued From page 3 included 3 residents. Based on observation and interview for 4 non-sampled residents (R)4, R5, R6 and R7, Administrator A failed to ensure licensed nurses or pharmacists placed the full name of the resident on each package of the resident's over the counter medication. Findings included: - Observation on 04/11/23 at 12:30 PM with Certified Medication Aide (CMA) E revealed a locked medication cart in the facility. The following over the counter medications were noted without full names: For R4, the cart contained one bottle of AREDS 2 (eye vitamin), For R5, the cart contained one bottle of folic acid (vitamin) and one bottle of docusate sodium (stool softener), For R6, the cart contained one bottle of multivitamins. Interview on 04/11/23 at 12:34 PM with CMA E confirmed the above listed medications were without full first and last names for R4, R5 and R6. - Observation on 04/11/23 at 12:36 PM with Certified Medication Aide (CMA) F revealed a second locked medication cart in the facility. The following over the counter medications were noted without full names: For R7 the cart contained one bottle of CranBarrier Urinary Tract Support. Interview on 04/11/23 at 12:36 PM with CMA F	S3211		

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S3211	Continued From page 4 confirmed the above listed medication was without full first and last names for R7. Facility failed to provide a policy on over the counter medications. Administrator A failed to ensure licensed nurses or pharmacists placed the full name of residents on each package of the resident's over the counter medication.	S3211		
S3261 SS=D	26-41-105 (f) (11) Resident Record Documentation of Incidents (f) (11) documentation of all incidents, symptoms, and other indications of illness or injury including the date, time of occurrence, action taken, and results of the action This REQUIREMENT is not met as evidenced by: KAR 26-41-105 (f) (11) The census totaled 35 residents. The sample included 3 residents and 1 closed record review resident. Based on record review and interview for 1 closed record review Resident(R)8, Administrator A failed to ensure documentation of all incidents, and indications of illness or injury including date, time of occurrence, action taken and results of the action when R8 returned to the facility on 07/25/22. Findings included:	S3261		

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S3261	Continued From page 5 - R8's "Medical Record" revealed he admitted to the facility on 05/06/22 with diagnoses of Alzheimer's Disease, mild cognitive impairment, anxiety disorder, borderline personality disorder and major depressive disorder. The "Functional Capacity Screen (FCS)/ Negotiated Service Agreement (NSA) dated 04/27/22 recorded the resident as independent with bathing, dressing, toileting, transfer, walk/mobility and eating and supervision required for management of medications and treatments. The "Service Plan" dated 04/27/22 recorded resident as independent with bathing, dressing, toileting, transfer, walk/mobility and eating and facility staff managed medications and treatments. Nurse's Note dated 07/21/22 recorded, "On 07/20/22 At approximately 04:45 PM resident had [facility staff] call this nurse, he said he was not feeling well, complained of increased memory problems, tremors, delusions. Resident was requesting to go to ER for eval and treat. Resident ate about half his dinner and EMS (Emergency Medical Services) was called and he left with EMS at approximately 05:30 PM." "After Visit Summary" dated 07/25/22 from hospital recorded R8 hospitalized from 07/21/22 to 07/25/22 with lithium toxicity diagnosis. Record lacked a Nurse's Note upon return to facility on 07/25/22. Interview on 04/12/23 at 09:11 AM with Licensed	S3261		

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S3261	Continued From page 6 Nurse (LN) B confirmed no Nurse's Note completed on 07/25/22 when R8 returned to the facility after hospitalization on 07/21/22. Administrator A failed to ensure designated staff documented all incidents, symptoms, and other indications of illness including the date and time of occurrence, action taken, and results of the action when R8 returned to the facility on 07/25/22 after hospitalization.	S3261		
S3310 SS=E	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 census totaled 35 residents. The sample included 3 residents and review of 5 newly hired employees. Based on record review and	S3310		

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S3310	Continued From page 7 interview for 5 staff (Licensed Nurse (LN) B, Certified Medication Aide (CMA) F, CMA G, Certified Nurse Aide (CNA) H and Dietary Staff D, the facility failed to ensure compliance with the State Agency's tuberculosis (TB) guidelines. Findings included: - Review of LN B's employee record revealed they hired onto the facility on 02/23/23. LN B's record lacked evidence of completion TB testing upon hire. Review of CMA F's employee record revealed they hired onto the facility on 05/06/22. CMA F's record lacked evidence of completion of TB testing upon hire. Review of CMA G's employee record revealed they hired onto the facility on 08/17/22. CMA G's record lacked evidence of completion of TB testing and a TB questionnaire upon hire. Review of CNA H's employee record revealed they hired onto the facility on 06/25/21 CNA H's record lacked evidence of completion of TB testing and a TB questionnaire upon hire. Review of Dietary Staff D's employee record revealed they hired onto the facility on 10/27/22. Dietary Staff D's record lacked evidence of completion of TB testing and a TB questionnaire upon hire. Interview on 04/12/23 at 09:48 AM with Administrator A confirmed unable to locate TB testing completed upon hire for LN B, CMA F, CMA G, CNA H and Dietary Staff D and further	S3310		

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S3310	Continued From page 8 confirmed unable to locate a TB questionnaire completed upon hire for CMA G, CNA H and Dietary Staff D. The facility failed to provide a TB policy. The facility failed to ensure compliance with the State Agency's tuberculosis guidelines for adult care homes adopted by reference in K.A.R. 26-39-105, which had the potential to affect all residents.	S3310		