

Kansas Department on Aging

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: N046038	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____	(X3) DATE SURVEY COMPLETED 05/16/2023
NAME OF PROVIDER OR SUPPLIER THE HOMESTEAD OF OLATHE SOUTH		STREET ADDRESS, CITY, STATE, ZIP CODE 751 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 represents the findings of a resurvey with attached complaints #179597, #179584, #173086, and # 164641 at the above named assisted living facility conducted on 05/15/23 and 05/16/23.	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 facility reported a census of 42 residents with three included in the sample and three closed record reviews. Based on observation, interview, and record review the administrator failed to ensure a licensed nurse completed an assessment for the purpose to use a bed assist device, ability to use a bed assist safely without risk of entrapment, and to confirm the bed assist device was not a restraint for Resident (R) 517. Findings included: - Record review for R517 revealed an admission date of 07/11/19 with a diagnosis of rheumatoid arthritis. The 08/30/22 "Functional Capacity Screen" (FCS) identified R517 required physical assistance with toileting and management of	S3171		

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

TITLE

(X6) DATE

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S3171	Continued From page 1 medications and treatments; was incontinent of bladder; had memory recall and decision-making cognitive impairments; and was marked for falls and impaired decision-making. The 08/30/22 combined "Negotiated Service Agreement/Healthcare Service Plan" (NSA/HCP) identified facility staff would provide R517 assistance with toileting; management of medications; skin monitoring for management of treatments; reminders and orientation as needed for cognition; reminders to use walker and help keep apartment floor free of clutter to prevent falls; she wore adult protective briefs for bladder incontinence; and her durable power of attorney (DPOA) would assist with decisions. R517's record lacked evidence of documentation of a bed assist device assessment. Observation on 05/16/23 at 11:49 AM revealed a bed assist device attached to the right side of R517's bed. On 05/16/23 at approximately 10:39 AM Administrative Nurse B confirmed R517's record lacked evidence of documentation of a bed assist device assessment. The 11/17/28 facility's "Bed Mobility Device" policy documented "The bed mobility device assessment will be completed on admission, readmission, quarterly, and with a significant change in status. The assessment form will be completed prior to utilization of any such device." The administrator failed to ensure a licensed nurse completed an assessment for the purpose	S3171		

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S3171	Continued From page 2 to use a bed assist device, ability to use a bed assist safely without risk of entrapment, and to confirm the bed assist device was not a restraint for R517.	S3171		
S3211 SS=F	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 facility reported a census of 42 residents. Based on observation and interview the administrator failed to ensure a licensed pharmacist or licensed nurse placed the full names of residents on the original packages of over-the-counter (OTC) medications. Findings included: - Observation on 05/15/23 at 12:20 PM revealed	S3211		

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S3211	Continued From page 3 Certified Medication Aide (CMA) C unlocked and opened the medication cart for 400 and half of 300 halls. The following OTC medications were not labeled with residents' full names: One bottle of Vitamin B-12 1000 micrograms (mcg), 60 tablets Observation on 05/15/23 at 12:25 PM revealed CMA D unlocked and opened the medication cart for 100, 200, and half of 300 halls. The following OTC medications were not labeled with residents' full names: One bottle of Myrbetriq 50 milligrams (mg), 30 tabs One bottle of Preservision Areds 2, 210 softgels One bottle of All Day Allergy 10 mg, 60 tabs One box of Pepto Bismol, 30 chewable tabs On 05/15/23 at approximately 12:25 PM CMA C confirmed the OTC medications were not labeled with resident's full names. The facility's undated "Medication: Storage of Drugs and Biologicals" policy documented that medications would be labeled in compliance with label instructions and state and federal laws. The administrator failed to ensure a licensed pharmacist or licensed nurse placed the full names of residents on the original packages of OTC medications.	S3211		
S3420 SS=F	28-39-256 MECHANICAL REQUIREMENTS (c) Mechanical requirements.	S3420		

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S3420	Continued From page 4 (1) Heating, air conditioning, and ventilating systems. (A) The system shall be designed to maintain a year-round indoor temperature range of 70oF or 21oC to 85oF or 26oC. (B) Each apartment or individual living unit shall allow the resident to control the temperature. (2) Plumbing and piping systems. (A) Backflow prevention devices or vacuum breakers shall be installed on fixtures to which hoses or tubing can be attached. (B) Water distribution systems shall be arranged to provide hot water at outlets at all times. The temperature of hot water shall range between 98oF and 120oF at bathing facilities, sinks, and lavatories in resident use areas. (3) Electrical requirements. (A) All spaces occupied by persons or machinery and equipment within the buildings, approaches to buildings, and parking lots shall have adequate lighting. (B) Minimum lighting intensity levels shall be as required in Table 1. (C) Each corridor and stairway shall remain lighted at all times. (D) Each light in resident use areas shall be equipped with shades, globes, grids, or glass	S3420		

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S3420	Continued From page 5 panels. This REQUIREMENT is not met as evidenced by: KAR 28-39-256 (c)(2)(A) The facility reported a census of 42 residents. Based on observation and interview the administrator failed to ensure a backflow prevention device or vacuum breaker was installed on a hose fixture on a hair washing sink in the beauty salon. Findings included: - Observation on 05/15/23 at 12:34 PM in the facility's beauty salon revealed a hair washing sink with a hose attached. There was not a backflow prevention device or vacuum breaker installed on the hose faucet. On 05/16/23 at 11:53 AM Administrative Staff A confirmed the beauty salon hair washing did not have a backflow prevention device or vacuum breaker installed. The administrator failed to ensure a backflow prevention device or vacuum breaker was installed on a hose fixture on a hair washing sink in the beauty salon.	S3420		