

DEPARTMENT OF HEALTH AND HUMAN SERVICES
CENTERS FOR MEDICARE & MEDICAID SERVICES

PRINTED: 06/27/2023
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 175187	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED C 06/19/2023
NAME OF PROVIDER OR SUPPLIER ADVENTHEALTH CARE CENTER OVERLAND PARK			STREET ADDRESS, CITY, STATE, ZIP CODE 6501 W 75TH STREET OVERLAND PARK, KS 66204		
(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) COMPLETION DATE
F 000	INITIAL COMMENTS The following citations represent the findings of complaint investigation #KS00180805.	F 000			
F 677 SS=D	The 2567 was sent electronically on 06/27/23. ADL Care Provided for Dependent Residents CFR(s): 483.24(a)(2) §483.24(a)(2) A resident who is unable to carry out activities of daily living receives the necessary services to maintain good nutrition, grooming, and personal and oral hygiene; This REQUIREMENT is not met as evidenced by: The facility identified a census of 69 residents. The sample included five residents with three residents reviewed for bathing. Based on observations, record review, and interviews, the facility failed to provide consistent bathing to Resident (R) 1 and R3. This deficient practice had the risk for poor hygiene and decreased self-esteem and dignity for the affected residents. Findings included: - R1 admitted to the facility on 11/06/20, discharged to the hospital on 05/11/23, and readmitted to the facility on 05/20/23. The "Diagnoses" tab of R1's Electronic Medical Record (EMR) documented diagnoses of acquired absence of left leg above the knee and dependence on renal dialysis (procedure where impurities or wastes were removed from the blood). The "Annual Minimum Data Set (MDS)" dated 05/02/23, documented R1 had a Brief Interview	F 677			

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

TITLE

(X6) DATE

06/27/2023

Any deficiency statement ending with an asterisk (*) denotes a deficiency which the institution may be excused from correcting providing it is determined that other safeguards provide sufficient protection to the patients. (See instructions.) Except for nursing homes, the findings stated above are disclosable 90 days following the date of survey whether or not a plan of correction is provided. For nursing homes, the above findings and plans of correction are disclosable 14 days following the date these documents are made available to the facility. If deficiencies are cited, an approved plan of correction is requisite to continued program participation.

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F 677	Continued From page 1 for Mental Status (BIMS) score of 15 which indicated intact cognition. R1 required extensive physical assistance with two staff for bed mobility, dressing, and toileting; total physical dependence with two staff for transfers; supervision with setup help for personal hygiene; bathing did not occur during the lookback period. The "Activities of Daily Living (ADL) Functional/Rehabilitation Potential Care Area Assessment (CAA)" dated 05/16/23, documented R1 needed extensive assistance of two staff for bed mobility and dressing; supervision for personal hygiene; and dependence of two staff for transfers, toileting, and bathing. The "Care Plan" dated 09/07/22, directed R1 needed assistance with ADLs and was dependent with two staff for transfers, toilet use, and bathing. The "Care Plan" dated 05/16/22, directed R1 often times had care concerns and directed R1 stated she had showers scheduled on Tuesdays and Saturdays and liked to have her hair washed. The "Documentation Survey Report" documented an intervention for "ADL- Preferred Bath Type: Bed Bath Tuesdays and Saturdays day shift". Review of the "Documentation Survey Report" for 05/01/23 to 06/19/23 revealed the following bathing documentation: bathing activity did not occur on 05/09/23, 05/27/23, 05/30/23, 06/03/23, 06/10/23, 06/13/23; R1 received bathing with staff assistance on 06/06/23, 06/16/23, and 06/17/23; and there was a lack of documentation that bathing was completed as scheduled on 05/02/23, 05/06/23, and 05/23/23. Upon request, the facility provided "Skin	F 677			

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F 677	Continued From page 2 Monitoring: Comprehensive Certified Nurse Aide (CNA) Shower Review" sheets for R1. Review of the "Shower Review" sheets for 05/01/23 to 06/19/23 revealed R1 received a shower on 05/06/23, 06/04/23, and 06/18/23; and refused a shower on 05/03/23 with a note that R1 stated she had taken one on 05/02/23. On 06/19/23 at 01:35 PM, R1 sat in her wheelchair in her room with her husband at her side. R1's hair appeared uncombed. R1 stated she had received a shower the day before and it had been nine days since her last shower. She stated she was supposed to receive a shower on Tuesdays and Saturdays. On 06/19/23 at 02:09 PM, CNA M stated she had been the bath aide for about a month and was the only one responsible for bathing. She stated bathing was documented on bath sheets and gave them to the nurse. CNA M stated if a resident refused bathing, she asked them three times then notified the nurse and documented on a bath sheet. She stated she had not been documenting bathing in Point of Care (POC- CNA EMR system) but was going to start. CNA M stated residents were only getting one shower a week scheduled because there were too many for her to get done more than once a week, but the resident could request an as needed (PRN) bath from a CNA. On 06/19/23 at 02:25 PM, Licensed Nurse (LN) G stated CNA M was responsible for the main bathing and the floor CNAs were responsible for PRN bathing. She stated the residents had two showers that were scheduled per week and had PRN bathing available. LN G stated bathing was documented on bath sheets and also in POC; if a	F 677			

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F 677	Continued From page 3 resident refused bathing, the nurse was notified. On 06/19/23 at 02:34 PM, Administrative Nurse D stated CNA M was responsible for bathing and the other CNAs made up showers and completed PRN bathing. She stated residents were getting one shower a week unless they asked for more and bathing was documented on shower sheets and sometimes in POC. The facility's "Giving a Bed Bath" policy, not dated, directed the purpose was to provide comfort to the resident, stimulate circulation, provide a mild form of exercise, observe skin condition, and relax the muscles. The facility failed to provide consistent bathing to R1. This deficient practice had the risk for poor hygiene and decreased self-esteem and dignity for R1. - The "Diagnoses" tab of R3's Electronic Medical Record (EMR) documented diagnoses of generalized muscle weakness and functional quadriplegia (the complete inability to move due to severe disability or frailty caused by another medication condition without physical injury or damage to the spinal cord). The "Annual Minimum Data Set (MDS)" dated 08/05/22, documented R3 had a Brief Interview for Mental Status (BIMS) score of 15 which indicated intact cognition. R3 required extensive assistance with two staff for bed mobility, dressing, and toileting; total dependence with two staff for transfers; total dependence with one staff for locomotion and bathing; and extensive assistance with one staff for personal hygiene.	F 677			

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F 677	Continued From page 4 The "Quarterly MDS" dated 04/20/23, documented R3 had a BIMS score of 15 which indicated intact cognition. R3 required total dependence with one staff for bed mobility, locomotion, dressing, toileting, personal hygiene, and bathing and total dependence with two staff for transfers. The "Activities of Daily Living (ADL) Functional/Rehabilitation Potential Care Area Assessment (CAA)" dated 08/15/22, documented R3 needed extensive assistance with ADLs and used a Hoyer lift (full mechanical lift) for transfers. The "Care Plan" dated 09/01/19 and last revised 05/25/23, directed R3 had a self-care deficit in bathing, dressing, and toileting related to paraplegia and needed extensive assistance with ADLs. The "Care Plan" documented an intervention, last revised 06/08/20, that directed R3 was totally dependent on two staff to provide baths on Tuesdays and Fridays. The "Documentation Survey Report" documented an intervention for "ADL- Bathing Preferred Bath Type: Bed bath Sunday" scheduled for evening shift. Review of the "Documentation Survey Report" revealed the following bathing documentation: bathing activity did not occur on 05/21/23, 05/28/23, 06/11/23, and 06/11/23; R3 received a shower on 06/04/23; and there was a lack of documentation that bathing was received on scheduled bathing days on 05/07/23 and 05/14/23. R3 received an as needed (PRN) bed bath on 06/03/23 and refused a PRN bed bath on 06/05/23. Upon request, the facility provided "Skin Monitoring: Comprehensive Certified Nurse Aide	F 677			

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F 677	Continued From page 5 (CNA) Shower Review" sheets for R3. Review of the "Shower Review" sheets for 05/01/23 to 06/19/23 revealed R3 received bathing on 05/24/23, 06/03/23, 06/06/23, and 06/12/23. On 06/19/23 at 02:01 PM, R3 laid in bed with his eyes opened. He stated he was supposed to get bathing twice a week but was only getting it once a week. He stated he preferred showers and it was something he looked forward to. R3 stated he felt undignified and unclear when he did not receive bathing regularly. On 06/19/23 at 02:09 PM, CNA M stated she had been the bath aide for about a month and was the only one responsible for bathing. She stated bathing was documented on bath sheets and gave them to the nurse. CNA M stated if a resident refused bathing, she asked them three times then notified the nurse and documented on a bath sheet. She stated she had not been documenting bathing in Point of Care (POC- CNA EMR system) but was going to start. CNA M stated residents were only getting one shower a week scheduled because there were too many for her to get done more than once a week, but the resident could request an as needed (PRN) bath from a CNA. On 06/19/23 at 02:25 PM, Licensed Nurse (LN) G stated CNA M was responsible for the main bathing and the floor CNAs were responsible for PRN bathing. She stated the residents had two showers that were scheduled per week and had PRN bathing available. LN G stated bathing was documented on bath sheets and also in POC. If a resident refused bathing, the nurse was notified. On 06/19/23 at 02:34 PM, Administrative Nurse D	F 677			

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F 677	Continued From page 6 stated CNA M was responsible for bathing and the other CNAs made up showers and completed PRN bathing. She stated residents were getting one shower a week unless they asked for more and bathing was documented on shower sheets and sometimes in POC. The facility's "Giving a Bed Bath" policy, not dated, directed the purpose was to provide comfort to the resident, stimulate circulation, provide a mild form of exercise, observe skin condition, and relax the muscles. The facility's "Shower/Tub Bath" policy, dated 04/01/23, directed the purpose was to promote cleanliness and comfort, relax the resident, stimulate circulation, and facilitate observation of the resident's skin condition. The facility failed to provide consistent bathing to R3. This deficient practice had the risk for poor hygiene and decreased self-esteem and dignity for R3.	F 677			
F 757 SS=D	Drug Regimen is Free from Unnecessary Drugs CFR(s): 483.45(d)(1)-(6) §483.45(d) Unnecessary Drugs-General. Each resident's drug regimen must be free from unnecessary drugs. An unnecessary drug is any drug when used- §483.45(d)(1) In excessive dose (including duplicate drug therapy); or §483.45(d)(2) For excessive duration; or §483.45(d)(3) Without adequate monitoring; or	F 757			

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F 757	Continued From page 7 §483.45(d)(4) Without adequate indications for its use; or §483.45(d)(5) In the presence of adverse consequences which indicate the dose should be reduced or discontinued; or §483.45(d)(6) Any combinations of the reasons stated in paragraphs (d)(1) through (5) of this section. This REQUIREMENT is not met as evidenced by: The facility identified a census of 69 residents. Based on observations, record review, and interviews, the facility failed to ensure insulin (hormone that lowers the level of glucose in the blood) was not given outside of ordered parameters for Resident (R) 4 and R5. This deficient practice had the risk for hypoglycemia (low blood sugar), unnecessary medication use, and unwarranted physical complications. Findings included: - The "Diagnoses" tab of R4's Electronic Medical Record (EMR) documented a diagnosis of diabetes mellitus (when the body cannot use glucose, not enough insulin made, or the body cannot respond to the insulin). The "Annual Minimum Data Set (MDS)" dated 09/20/22, documented R4 had a Brief Interview for Mental Status (BIMS) score of 15 which indicated intact cognition. R4 received insulin seven days in the seven-day lookback period. The "Quarterly MDS" dated 03/20/23, documented R4 had a BIMS score of 15 which indicated intact cognition. R4 received insulin	F 757			

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F 757	Continued From page 8 seven days in the seven-day lookback period. The "Activities of Daily Living (ADL) Functional/Rehabilitation Potential Care Area Assessment (CAA)" dated 10/03/22, documented R4 was able to communicate his needs. The "Care Plan" dated 12/16/19, revised 08/18/20, directed R4 had a diagnosis of diabetes mellitus and directed staff gave diabetes mellitus medications as ordered. The "Orders" tab of R4's EMR documented an order with a start date of 04/04/23 and discontinued date of 05/10/23 for insulin detemir (long acting insulin) 16 units at bedtime for diabetes with instructions to hold if blood sugar (BS) was less than 90 milligrams per deciliters (mg/dL), an order with a start date of 05/01/23 and discontinued date of 05/10/23 for insulin aspart (short acting insulin) five units before meals for diabetes with instructions to hold if BS was less than 120 mg/dL, and an order with a start date of 05/10/23 for insulin aspart three units before meals for diabetes with instructions to hold if blood sugar was less than 120 mg/dL. Review of R4's "Medication Administration Record (MAR)" for 05/01/23 to 05/09/23 revealed insulin detemir 16 units was given outside of ordered parameters on 05/07/23. Review of R4's "MAR" for 05/01/23 to 05/10/23 revealed insulin aspart five units was given outside of parameters for 20 out of 26 scheduled administrations. Review of R4's "MAR" for 05/10/23 to 05/31/23 revealed insulin aspart three units was given	F 757			

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F 757	Continued From page 9 outside of parameters for 33 out of 65 scheduled administrations. On 06/19/23 at 02:04 PM, R4 laid in bed with his eyes opened, he appeared comfortable. On 06/19/23 at 02:25 PM, Licensed Nurse (LN) G stated if an insulin order had parameters, the nurses followed the parameters. If the parameters directed to hold if blood sugar was under 120 mg/dL then the insulin was not given. She stated if the insulin was held, the nurse documented it in a note. On 06/19/23 at 02:34 PM, Administrative Nurse D stated if insulin had parameters on it and the blood sugar was outside parameters, the nurse held the insulin. The facility's "Resident-Centered Medication Pass" policy, dated 04/01/23, directed medications were administered according to a resident's schedule/routine while ensuring the safe and accurate administration of all medications. The facility failed to ensure insulin was not given outside of ordered parameters for R4. This deficient practice placed the resident at risk for hypoglycemia, unnecessary medication use, and unwarranted physical complications. - The "Diagnoses" tab of R5's Electronic Medical Record (EMR) documented a diagnosis of diabetes mellitus (DM- when the body cannot use glucose, not enough insulin made or the body cannot respond to the insulin). The "Annual Minimum Data Set (MDS)" dated	F 757			

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F 757	Continued From page 10 10/22/22, documented R5 had a Brief Interview for Mental Status (BIMS) score of 15 which indicated intact cognition. R5 received insulin seven days in the seven-day lookback period. The "Quarterly MDS" dated 04/14/23, documented R5 had a BIMS score of 15 which indicated intact cognition. R5 received insulin seven days in the seven-day lookback period. The "Activities of Daily Living (ADL) Functional/Rehabilitation Potential Care Area Assessment (CAA)" dated 11/04/22, documented R5 had some balance problems. The "Care Plan" dated 04/06/20, documented R5 was at risk for hyperglycemia (high blood sugar) and hypoglycemia related to diabetes. The "Care Plan" directed staff educated R5 regarding medications and importance of compliance. The "Orders" tab of R5's EMR documented an order with a start date of 05/18/23 for Novolog (short acting insulin) 34 units with meals for DM with instructions to hold if blood sugar was less than 120 milligrams/deciliter (mg/dL). Review of R5's "Medication Administration Record (EMR)" from 05/18/23 to 06/19/23 revealed Novolog 34 units was given outside of ordered parameters for 10 out of 98 scheduled administrations. On 06/19/23 at 01:32 PM, R5 laid in bed and stated she was sleepy. On 06/19/23 at 02:25 PM, Licensed Nurse (LN) G stated if an insulin order had parameters, the nurses followed the parameters. If the	F 757			

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F 757	Continued From page 11 parameters directed to hold if blood sugar was under 120 mg/dL, then the insulin was not given. She stated if the insulin was held, the nurse documented it in a note. On 06/19/23 at 02:34 PM, Administrative Nurse D stated if insulin had parameters on it and the blood sugar was outside parameters, the nurse held the insulin. The facility's "Resident-Centered Medication Pass" policy, dated 04/01/23, directed medications were administered according to a resident's schedule/routine while ensuring the safe and accurate administration of all medications. The facility failed to ensure insulin was not given outside of ordered parameters for R5. This deficient practice placed the resident at risk for hypoglycemia, unnecessary medication use, and unwarranted physical complications.	F 757			