

Kansas Department on Aging

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: N046078	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____	(X3) DATE SURVEY COMPLETED 05/23/2023
NAME OF PROVIDER OR SUPPLIER GARDEN VILLAS OF LENEXA		STREET ADDRESS, CITY, STATE, ZIP CODE 9705 MONROVIA LENEXA, KS 66215		
(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 citations represent the findings of a resurvey at the above named facility conducted on 05/22/23 and 05/23/23.	S 000		
S3101 SS=F	26-41-202 (h) NSA Signatures (h) Each individual involved in the development of the negotiated service agreement shall sign the agreement. The administrator or operator shall ensure that a copy of the initial agreement and any subsequent revisions are provided to the resident or the resident's legal representative. This REQUIREMENT is not met as evidenced by: KAR 26-41-202 (h) The census equaled 34 residents. The sample included 3 residents. Based on record review and interview for 3 sampled Residents (R)1, R2 and R3, Administrator A failed to ensure each individual involved in the development of the negotiated service agreement (NSA) signed the agreement. Findings included: - R1's medical record revealed he admitted to the facility on 12/17/19 with diagnoses of hypertension, Dementia, Parkinson's Disease, anxiety, and hyperlipidemia. The "Functional Capacity Screen" (FCS) dated 08/16/22 recorded the resident was independent	S3101		

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

TITLE

(X6) DATE

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S3101	Continued From page 1 with transfer, walk/mobility and eating, supervision required for dressing and toileting, physical assistance required for bathing and was unable to perform management of medications and treatments. R1 had memory/ recall impairment, impaired decision making, was at risk for falls/ unsteadiness and had impaired vision and hearing. The NSA dated 08/16/22 recorded R1 as independent with transfer and walk/ mobility, facility staff assisted with bathing, dressing and administered medications. R1 used a low bed to prevent falls, wore glasses and hearing aides and facility staff to redirect when R1 upset. NSA lacked signatures of the individuals involved at the time of development of the agreement including R1 and any legal representatives or family members. - R2's medical record revealed she admitted to the facility on 12/24/21 with diagnoses of diabetes mellitus type II, atrial fibrillation and hypothyroidism. The "Functional Capacity Screen" (FCS) dated 08/11/22 recorded the resident was independent with bathing, dressing, toileting, transfer, walk/mobility and eating and required physical assistance with management of medications and treatments. The NSA dated 08/11/22 recorded facility staff assisted with bathing, R2 was independent with dressing, toileting, transfer and walk/mobility, and facility staff administered medications and R2 self-injected insulin.	S3101		

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S3101	Continued From page 2 NSA lacked signatures of the individuals involved at the time of development of the agreement including R2 and any legal representatives or family members. - R3's medical record revealed she admitted to the facility on 11/23/22 with diagnoses of Alzheimer's Disease, hypertension, depression and hypothyroidism. The "Functional Capacity Screen" (FCS) dated 11/21/22 recorded the resident was independent with walk/mobility and eating, supervision required for bathing, dressing, toileting and transfer and was unable to perform management of medications and treatments. R3 was at risk for falls/ unsteadiness. The NSA dated 05/05/23 recorded R3 as independent with transfer and walk/ mobility, facility staff assisted with bathing, dressing, toileting and administered medications. R3 had intermittent confusion and facility staff to redirect/ prompt R3. NSA lacked signatures of the individuals involved at the time of development of the agreement including R3 and any legal representatives or family members. Interview on 05/22/23 at 04:34 PM with Administrator A confirmed R1, R2 and R3's current NSA's were not signed by the resident and any legal representatives or family members. Facility's "Guidance for the Development of the Negotiated Service Agreement (NSA)" policy	S3101		

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S3101	Continued From page 3 dated 11/14/16 recorded, "2. The Negotiated Service Agreement Team Members form will include signatures of the authorized community staff, the resident and/or resident's legal representative. These signatures acknowledge that the service plan has been reviewed and understood by the resident and/or the resident's legal representative." Administrator A failed to ensure each individual involved in the development of the NSA signed the agreement.	S3101		
S3200 SS=D	26-41-205 (d) (1-2) Facility Administration of Medications (d) Facility administration of resident ' s medications. If a facility is responsible for the administration of a resident ' s medications, the administrator or operator shall ensure that all medications and biologicals are administered to that resident in accordance with a medical care provider ' s written order, professional standards of practice, and each manufacturer ' s recommendations. The administrator or operator shall ensure that all of the following are met: (1) Only licensed nurses and medication aides shall administer and manage medications for which the facility has responsibility. (2) Medication aides shall not administer medication through the parenteral route. This REQUIREMENT is not met as evidenced by:	S3200		

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S3200	Continued From page 4 KAR 26-41-205 (d) The census equaled 34 residents. The sample included 3 residents and 1 focused record review resident. Based on record review, observation and interview for 1 focused record review Resident (R)6, Administrator A failed to ensure all medications and treatments were administered in accordance with a medical care provider's written order, professional standards of practice and each manufacturer's recommendations. Findings included: - Record review for R1 revealed she admitted to the facility on 05/03/23 with diagnoses of depression, hypertension, hypothyroidism and shortness of air. The resident's "Functional Capacity Screen" dated 05/03/23 recorded resident as unable to perform management of medications and treatments. The resident's "Negotiated Service Agreement" (NSA) dated 05/03/23 recorded facility staff administered all medications for R6. Signed physician order dated 05/03/23 recorded, "Symbicort Inhaler 2 puffs twice daily by mouth for shortness of air." Current May 2023 MAR (medication administration record) recorded, "Symbicort Inhaler 2 puffs twice daily by mouth for shortness of air."	S3200		

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S3200	Continued From page 5 Observation of the medication cart in the memory care unit of the facility on 05/22/23 at 12:59 PM with Certified Medication Aide (CMA) H revealed two Albuterol Inhalers and one Symbicort Inhaler labeled with R6's name. One Albuterol Inhaler recorded expiration date of 08/31/22 and the other Albuterol Inhaler recorded expiration date of 06/10/22. Interview on 05/22/23 at 12:59 PM with CMA H stated she administered the Albuterol Inhaler to R6 each time she was to receive her scheduled Symbicort Inhaler and further confirmed she never administered the Symbicort Inhaler when it was scheduled. Interview on 05/22/23 at 03:09 PM with Licensed Nurse (LN) B confirmed CMA H administered expired Albuterol Inhaler to R6 without a physician order and further confirmed scheduled Symbicort inhaler was not given. LN B unable to confirm how long the expired Albuterol Inhaler was administered in place of the Symbicort Inhaler to R6. Facility's "Oral Medication Administration" policy dated 11/18 recorded, "PURPOSE: To ensure that all CMA's use proper technique to administer oral medications ... 7) Check expiration date and ensure medication is not expired. 8) Check the MAR with the label when medication is removed from cabinet. Review medication reference materials for any medications with which you are not familiar." Administrator A failed to ensure all medications and treatments were administered in accordance with a medical care provider's written order,	S3200		

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S3200	Continued From page 6 professional standards of practice and each manufacturer's recommendations.	S3200		
S3202 SS=F	26-41-205 (d) (4) Delegation of Medication Administration (4) Any licensed nurse may delegate nursing procedures not included in the medication aide curriculum to medication aides under the Kansas nurse practice act, K.S.A. 65-1124 and amendments thereto. This REQUIREMENT is not met as evidenced by: KAR 26-41-205 (d) (4) The facility reported a census of 34 residents. The sample included 3 residents. Based on record review and interview for 1 sampled Resident (R)2 and 2 non-sampled Residents (R)4 and R5, requiring insulin by injection, Administrator A failed to ensure the licensed nurse delegated nursing procedures not included in the medication aide curriculum to medication aides under the Kansas nurse practice act, K.S.A. 65-1124 and amendments thereto when medication aides dialed insulin pens for the residents without an assessment for competency by a licensed nurse. Findings included: - The "Resident Roster" obtained on 05/22/23 from Licensed Nurse (LN) B identified three residents as receiving insulin by injection (R2, R4 and R5). - Record review for R2 revealed she admitted on	S3202		

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S3202	Continued From page 7 12/24/21 with diagnoses of diabetes mellitus type II. R2's "Functional Capacity Screen" (FCS) dated 08/11/22 recorded the resident required physical assistance with management of medications and treatments. The resident's "Negotiated Service Agreement (NSA)" dated 08/11/22 recorded R2 self-injected insulin but failed to identify party responsible for dialing the insulin pen. Review of sampled personnel records on 05/22/23 recorded the following Certified Medication Aide (CMA)'s recently hired, competency exams for dialing insulin pens were requested. CMA C, hire date 04/26/23 CMA D, hire date 03/21/23 Interview on 05/23/23 at 09:26 AM with CMA G stated she dialed the insulin pen for residents requiring insulin administration. Interview on 05/23/23 at 10:17 AM with LN B confirmed unable to locate competency checkoffs for dialing insulin pens on CMA C and CMA D. Facility failed to provide a policy on competencies for CMAs. Administrator A failed to ensure the licensed nurse delegated nursing procedures not included in the medication aide curriculum to medication aides under the Kansas nurse practice act, K.S.A. 65-1124 and amendments thereto when medication aides dialed insulin pens for the residents without an assessment for competency	S3202		

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S3202	Continued From page 8 by a licensed nurse.	S3202		
S3211 SS=E	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 34 residents. The sample included 3 residents. Based on observation and interview for 1 sampled resident (R)1 and 11 non-sampled residents (R)4, R6, R7, R8, R9, R10, R11, R12, R13, R14, R15, 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 05/22/23 at 12:59 PM with	S3211		

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S3211	Continued From page 9 Certified Medication Aide (CMA) H revealed a locked medication cart in the memory care unit of the facility. The following over the counter medications were noted without full names: In R6's compartment, the cart contained one bottle of Vitamin D3 (supplement), one bottle of Centrum Silver Women 50+ Multivitamin, one tube of VoLTeran Arthritis Pain Gel, one bottle of Docusate Sodium (stool softener) and one bottle of Acetaminophen Extra Strength (pain reliever). - Observation on 05/22/23 at 01:26 PM with CMA G revealed a locked medication cart on the first floor of the facility. The following over the counter medications were noted without full names: In R7's compartment, the cart contained one bottle of Stool Softener and one bottle of Allergy Relief Diphenhydramine HCL, In R1's compartment, the cart contained one bottle of Acetaminophen and one bottle of Aspirin (nonsteroidal anti-inflammatory drug and blood thinner), In R4's compartment, the cart contained one bottle of Vitamin D3, one bottle of Fish Oil (dietary supplement), one bottle of Aspirin and one bottle of Centrum Adult 50+ Multivitamin. - Observation on 05/22/23 at 02:46 PM with Licensed Nurse (LN) B revealed a locked medication cart on the second floor of the facility. The following over the counter medications were noted without full names: In R8's compartment, the cart contained one bottle of Hair Skin and Nails Supplement,	S3211		

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S3211	Continued From page 10 In R9's compartment, the cart contained one bottle of Allegra Allergy Relief and one bottle of Aspirin, In R10's compartment, the cart contained one bottle of AREDS 2 (eye health vitamin), In R11's compartment, the cart contained one bottle of Vitamin D3, one package of Mucus Relief ER (expectorant), one bottle of Acetaminophen, two bottles of Melatonin (dietary supplement), one bottle of Stool Softener, one bottle of Pepcid Complete chewable tablets (acid reducer), one bottle of AREDS2, one bottle of Calcium (dietary supplement) and one bottle of Pepcid (acid reducer). - Observation on 05/22/23 at 03:02 PM with LN B revealed a locked medication cart on the third floor of the facility. The following over the counter medications were noted without full names: In R12's compartment, the cart contained one bottle of Centrum Silver Multivitamin, one bottle of Caltrate (dietary supplement) and one bottle of Iron (dietary supplement), In R13's compartment, the cart contained one bottle of Tylenol (pain reliever/ fever reducer), one bottle of Centrum (multivitamin), one bottle of Vitamin E (dietary supplement) one bottle of Fish Oil and one bottle of Calcium, In R14's compartment, the cart contained one bottle of Tylenol and one bottle of One A Day (multivitamin), In R15's compartment, the cart contained one MiraLAX (laxative), one bottle of Cetirizine (antihistamine), one bottle of Multivitamins and one package of Tylenol Cold and Flu. Interview on 05/22/23 with LN B confirmed the	S3211		

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S3211	Continued From page 11 above listed medications were without full first and last names for R1, R4, R6, R7, R8, R9, R10, R11, R12, R13, R14 and R15. Facility's "Labeling of Over-the-Counter Medications" policy dated 05/23/23 recorded, "1) Before any OTC medication are placed in Med-Cart. The OTC medication will have the residents complete name on the bottle." Administrator A failed to ensure licensed nurses or pharmacists placed the full name of residents on each package of the residents over the counter medication.	S3211		
S3310 SS=F	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)	S3310		

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S3310	Continued From page 12 The census totaled 34 residents. The sample included 3 residents and review of 5 newly hired employees. Based on record review and interview for 3 of 3 sampled residents (R)1, R2 R3 and 5 sampled staff (Licensed Nurse (LN) B, Certified Medication Aide (CMA) C, CMA D, Certified Nurse Aide (CNA) E and CNA F, the facility failed to ensure compliance with the State Agency's tuberculosis (TB) guidelines. Findings included: - R1's "Health Record" revealed he admitted to the facility on 12/17/19 and the record lacked completion of an annual TB questionnaire. - R2's "Health Record" revealed she admitted to the facility on 12/24/21 and the record lacked completion of a TB questionnaire upon admission and annually for 2022. - R3's "Health Record" revealed she admitted to the facility on 11/23/22 and the record lacked completion of a TB questionnaire upon admission. - Review of LN B's employee record revealed they hired onto the facility on 07/12/22. LN B's record lacked evidence of completion a TB questionnaire upon hire. - Review of CMA C's employee record revealed they hired onto the facility on 04/26/23. CMA C's record lacked evidence of completion a TB questionnaire upon hire. - Review of CMA D employee record revealed they	S3310		

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S3310	Continued From page 13 hired onto the facility on 03/21/23. CMA D's record lacked evidence of completion of a TB questionnaire upon hire. Review of CNA E employee record revealed they hired onto the facility on 11/21/22. CNA E's record lacked evidence of completion of a TB questionnaire upon hire. Review of CNA F employee record revealed they hired onto the facility on 02/20/23. CNA F's record lacked evidence of completion of a TB questionnaire upon hire. Interview on 05/22/23 at 04:20 PM with Administrator A confirmed unable to locate a TB questionnaire completed upon hire for LN B, CMA C, CMA D, CNA E and CNA F. Interview on 05/22/23 at 04:20 PM with LN B confirmed TB questionnaires not completed upon admission or annually for residents of facility. Electronic interview on 05/24/23 at 11:32 AM with Administrator A confirmed facility used State Agency's TB guidelines as their 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		