

Kansas Department on Aging

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: N046107	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____	(X3) DATE SURVEY COMPLETED 05/23/2023
NAME OF PROVIDER OR SUPPLIER AVENUE 81		STREET ADDRESS, CITY, STATE, ZIP CODE 8055 METCALF AVE 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) COMPLETE DATE
S 000	INITIAL COMMENTS The following citations represent the findings of the licensure resurvey with attached complaint #'s 177846, 176430, 176301, 173778, and 172179, for the above named facility conducted on 05/22/23 and 05/23/23.	S 000		
S3081 SS=D	26-41-201 (c) Functional Capacity Screen Reassessment (c) Designated facility staff shall conduct a screening to determine each resident ' s functional capacity according to the following requirements: (1) At least once every 365 days; (2) following any significant change in condition as defined in K.A.R. 26-39-100; and (3) at least quarterly if the resident receives assistance with eating from a paid nutrition assistant. This REQUIREMENT is not met as evidenced by: K.A.R. 26-41-201 (c)(2) The facility reported a census of 26 residents. The sample included 3 "Residents" ((R's)1, 2, 3) and 4 focused reviews. Based on observation, interview and record review, the operator failed to ensure a designated facility staff conducted a "Functional Capacity Screening" (FCS) to determine the level of functioning for R2 when he experienced a change of condition and was placed on hospice services. Findings include:	S3081		

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

TITLE

(X6) DATE

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S3081	Continued From page 1 Record review on 05/23/22 for R2 revealed and admission date of 09/07/22 with diagnoses of unspecified dementia with behavioral disturbances, hypertension, depression, retention of urine, paroxysmal atrial fibrillation, osteoarthritis, and hypothyroidism. Review of R2 combined FCS/" Negotiated Service Agreement" (NSA) dated 04/02/22 revealed he required physical assistance with bathing, dressing, toileting, and walking/mobility. He was marked as unable to perform transferring. He required supervision with eating. he lacked the ability to manage his own medications and medical treatments, and he was usually incontinent of bladder. He was marked with impaired short-term memory, impaired long-term memory, impaired memory recall and impaired decision making. He used a walker and wheelchair mobility device. The section identified as "A4d" stand up lift was not marked. Under the section "Support/Ancillary Services" Section 2 listed "b. Hospice provider" the box was left blank. Review of R2 combined NSA/" Health Service Plan" (HSP) dated 09/07/22 and updated continuously, identified, and instructed staff to provide the following health services: staff to provide physical assistance with dressing in the morning and at night, staff to manage resident medications, provide a 2 person assist with transfers, and physically assist with activities of daily living. Under the section titled "Focus" date initiated on 04/20/23 "Hospice" had the following interventions:	S3081		

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S3081	Continued From page 2 "05/01/23 all transfers will be done via sit to stand lift." "Focus" date initiated 05/01/23 "wound and skin issues" had the following interventions: "05/01/23 current wound location left heel. Hospice manages all wound treatments and measurements". Review of facility document titled "Hospice Order" and signed by the provider on 04/11/23 stated the following: "Hospice to evaluate and treat accordingly for increasing symptoms of vascular dementia, an increase in falls, increase in medication adherence refusal, uncontrolled pain, trending weight loss and agitation. Observation on 05/23/23 at 12:03 of R2 room revealed a sit to stand automatic lift. Interview on 05/24/23 at 04:16 PM with licensed nurse A, she confirmed she did not perform a new FCS/NSA identifying the need for R2 to use a sit to stand, and when he showed the decline and was admitted to hospice services.	S3081		
S3166 SS=D	26-41-204 (e) Delegation of Duties (e) A licensed nurse may delegate nursing procedures not included in the nurse aide or medication aide curriculums to nurse aides or medication aides, respectively, under the Kansas nurse practice act, K.S.A. 65-1124 and amendments thereto.	S3166		

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S3166	Continued From page 3 This REQUIREMENT is not met as evidenced by: K.A.R.26-41-204 (e) The facility reported a census of 26 residents. Based on record review and interview the operator failed to ensure the "Licensed Nurse" (LN) provided training and documentation for the delegation of the nursing procedure not included in the "Certified Medication Aide" (CMA) curriculum respectively under the Kansas Nurse Practice Act K.S.A. 65-1124 of dialing an insulin pen, for newly hired employee CMA H. Findings include: - Record review on 05/22/23 of the facility provided resident roster revealed two residents marked with insulin injections. Record review on 05/23/23 of newly hired CMA H revealed she began employment on 04/10/23, her record contained a signed delegation training for obtaining a blood glucose. The record lacked a signed delegation training for dialing an insulin pen. Interview on 05/23/23 at 04:16 PM with operator E, LN A, and Regional RN F, they confirmed residents self-inject the insulin after the CMA dials the insulin pen. They further confirmed CMA H employee record lacked the signed delegation training for dialing an insulin pen. The operator failed to ensure the LN provided training and documentation for the delegation of	S3166		

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S3166	Continued From page 4 the nursing procedure not included in the CMA curriculum respectively under the Kansas Nurse Practice Act K.S.A. 65-1124 of dialing an insulin pen, for newly hired employee CMA H.	S3166		
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) The facility reported a census of 26 residents. The sample included 3 residents and 5 newly hired employees. Based on record review and interview the operator failed to ensure the facility's compliance with the department's "tuberculosis" (TB) guidelines for adult care homes adopted by reference in K.A.R. 26-39-105, for 4 of the 5 newly hired employees ("Licensed Nurse" (LN)A, "Certified Nurse Aide"	S3310		

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S3310	Continued From page 5 (CNA's)B, and D, and "Certified Medication Aide" (CMA)C. Findings include: - Record review on 05/23/22 for newly hired LN A revealed she began employment on 01/02/23. The record lacked documentation of the required two-step TB test within seven days of employment. - Record review for newly hired CNA B revealed she began employment on 06/30/22. The record lacked documentation of the required two-step TB test within seven days of employment. - Record review for newly hired CNA D revealed she began employment on 03/09/23. The record lacked documentation of the required two-step TB test within seven days of employment. - Record review for newly hired CMA C revealed she began employment on 02/25/23. The record lacked documentation of the required two-step TB test within seven days of employment. - Interview on 05/23/23 at 03:02 PM with Regional Nurse F, operator E, and LN A, they confirmed the newly hired employee records lacked documentation of the required two-step TB test within seven days of employment. - The operator failed to ensure the facility's compliance with the department's TB guidelines for adult care homes adopted by reference in K.A.R. 26-39-105, for 4 newly hired employees: LN A, CNA's B and D and CMA C.	S3310		

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S3320 SS=E	28-39-254 CONSTRUCTION (a) The assisted living facility or residential health care facility shall be designed, constructed, equipped and maintained to protect the health and safety of residents, personnel and the public. (b) All new construction, renovation, remodeling and changes in building use in existing buildings shall comply with building and fire codes, ordinances and regulations enforced by city, county, and state jurisdictions, including the state fire marshal. (c) New construction, modifications and equipment shall conform to the following codes and standards: (1) Title III of the Americans with disabilities act, 42 U.S.C. 12181, effective as of January 26, 1992; and (2) "Food Service Sanitation Manual," health, education, and welfare (HEW) publication no. FDA 78-2081, as in effect on July 1, 1981. This REQUIREMENT is not met as evidenced by: K.A.R 28-39-254 (a) The facility reported a census of 26 residents. 16 residents resided in the assisted living and 10 residents resided in a secured memory care unit. Based on observation and interview the operator failed to ensure the secured memory care unit was maintained to protect the health and safety of the residents, personnel and the public when	S3320		

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S3320	Continued From page 7 unsecured chemicals, a claw hammer, and an electric power drill with a bit in place in were found during the initial facility tour and tour of sampled resident rooms. Findings include: - Observation during the initial facility tour on 05/22/23 at 01:02 PM of the common/dining area in the secured memory care unit revealed a buffet on the north wall directly across from a dining room table that seated 4 residents. The cabinet freely opened and revealed the following unsecured chemicals: 1 bottle of Micro Kill, 1 container of Sani Cloths, 1 can of Clorox surface disinfectant, and 1 Bottle of Brighton Surface disinfectant. Observation of sampled resident rooms on 05/23/22 at 11:54 AM revealed the following unsecured items found in resident rooms: in one resident room in the cabinets above the kitchenette sink, it freely opened and revealed the following unsecured items: 1 box of Clorox toilet wand refills, 1 bottle of Lysol spray, 1 can of Pledge multi surface spray, and Lysol wipes. Observation of the bathroom cabinet that freely opened it revealed a container of disinfectant wipes, Clorox wipes and fingernail polish remover. In another resident room in the cabinet above the kitchenette sink, it freely opened and revealed: a claw hammer with a wooden handle, a Craftsman cordless power drill with a battery and drill bit in place, and a small round container with free drill bits. Interview on 05/23/22 at 04:31 PM with Regional	S3320		

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S3320	Continued From page 8 RN A, operator E, Licensed Nurse A, and Regional Director G, they confirmed the chemicals and tools should be secured in the secured memory care unit. The operator failed to ensure the secured memory care unit was maintained to protect the health and safety of the residents, personnel and the public when unsecured chemicals, a claw hammer, and an electric power drill with a bit in place in were found during the initial facility tour and tour of sampled resident rooms.	S3320		