

Kansas Department on Aging

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: N046106	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____	(X3) DATE SURVEY COMPLETED 07/13/2023
NAME OF PROVIDER OR SUPPLIER MEADOWBROOK SENIOR LIVING		STREET ADDRESS, CITY, STATE, ZIP CODE 9300 PARKSIDE DRIVE PRAIRIE VILLAGE, KS 66207		
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S 000	INITIAL COMMENTS The following citations represent the findings of the licensure resurvey with attached complaint numbers 181359, 179678, 179625, 179488, and 175956 for the above named facility conducted on 07/11/23, 07/12/23, and 07/13/23.	S 000		
S3177 SS=D	26-41-205 (a) (2) Self Administration Assessment Content (2) Each assessment shall include an evaluation of the resident ' s physical, cognitive, and functional ability to safely and accurately self-administer and manage medications independently or by using a prefilled medication container or prefilled syringe. This REQUIREMENT is not met as evidenced by: K.A.R. 26-41-205 (a)(2) The facility reported a census of 87 residents. The sample included 6 "Residents" (R)'s 1, 2, 3, 4, 5, 6. Based on record review and interview the administrator failed to ensure the "Licensed Nurse" performed an assessment on R4 to ensure the resident could safely and accurately self-administer her insulin. Findings included: - Record review for R4 revealed an admission date of 05/11/22 with diagnoses of diabetes mellitus type two, chronic kidney disease stage	S3177		

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

TITLE

(X6) DATE

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S3177	Continued From page 1 four, essential hypertension, mild cognitive impairment, and other peripheral vascular disease. Record review of R4 combined "Functional Capacity Screen/Heath Service Plan" (FCS/HSP) dated 07/13/23 revealed R4 was independent with bathing, dressing, toileting, transferring, walking, and eating. She lacked the ability to manage her own medication, had impaired short-term memory, and was usually continent. She was able to make herself understood and she understood others. She used no walking/mobility device. Record review of R4 "Negotiated Service Agreement" stated the facility would provide the following health services, R4 required daily assistance with medications, a facility LN would administer R4 insulin as prescribed. If the facility LN is not present the facility "Certified Medication Aide" (CMA) will dial the insulin pen and the resident would self-administer. The resident record lacked an assessment for R4 to safely self administer her insulin if the facility LN is not present. Interview on 07/13/23 at 05:00PM with administrator C and LN D, they confirmed R4 lacked an assessment for her to self-administer her insulin if the LN is not present safely and accurately in the building. The administrator failed to ensure the "Licensed Nurse" performed an assessment on R4 to ensure the resident could safely and accurately self-administer her insulin.	S3177		

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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: K.A.R. 26-41-205 (g)(3) The facility reported a census of 87 residents. The sample included 6 residents. Based on observation and interview the administrator failed to ensure the "Licensed Nurse" (LN) or the Licensed Pharmacist placed the full name of the resident on "Over the Counter" (OTC) medications. Findings included: - Observation on 07/11/23 at approximately 03:45PM, "Certified Medication Aide" (CMA) E opened the locked medication cart in the medication room in the secured memory care unit. The medication cart contained the following OTC medications that lacked the full name of the	S3211		

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S3211	Continued From page 3 resident's: 1 bottle of Centrum Silver Men 50 plus 2 bottles of Melatonin 10 milligrams tablets Interview on 07/11/23 at approximately 03:45 PM with LN B, she confirmed the OTC bottles lacked the full name of the resident's they belonged to. Observation on 07/12/23 at 09:03 AM, CMA F opened the locked medication cart located in the medication room on the first floor. The medication cart contained the following OTC medications that lacked the full name of the resident's: 1 bottle of Acetaminophen 500 milligrams tablets 1 bottle of Ibuprofen 200 milligram tablets 1 bottle of Bayer Aspirin 81 milligrams Interview on 07/12/23 at 09:03AM with LN B, she confirmed the OTC bottles lacked the full name of the resident's they belonged to. Observation on 07/12/23 at approximately 09:45AM CMA A unlocked the locked medication cart located in the medication room on the third floor. The medication cart contained the following OTC medications that lacked the full name of the resident's: 2 bottles of Acetaminophen 500 milligrams 1 bottle of Aspirin 81 milligrams 1 bottle of Vitamin D3 25 micrograms Interview on 07/12/23 at 09:45AM with LN B, she confirmed the OTC bottles lacked the full name of the resident's they belonged to. The administrator failed to ensure the LN or the Licensed Pharmacist placed the full name of the	S3211		

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S3211	Continued From page 4 resident on "Over The Counter" (OTC) medications.	S3211		
S3215 SS=F	26-41-205 (h) Medication Storage (h) Storage. Licensed nurses and medication aides shall ensure that all medications and biologicals are securely and properly stored in accordance with each manufacturer ' s recommendations or those of the pharmacy provider and with federal and state laws and regulations. (1) Licensed nurses or medication aides shall store non-controlled medications and biologicals managed by the facility in a locked medication room, cabinet, or medication cart. Licensed nurses and medication aides shall store controlled medications managed by the facility in separately locked compartments within a locked medication room, cabinet, or medication cart. Only licensed nurses and medication aides shall have access to the stored medications and biologicals. (2) Each resident managing and self-administering medication shall store medications in a place that is accessible only to the resident, licensed nurses, and medication aides. (3) Any resident who self-administers medication and is unable to provide proper storage as recommended by the manufacturer or pharmacy provider may request that the medication be stored by the facility. (4) A licensed nurse or medication aide shall not administer medication beyond the manufacturer ' s or pharmacy provider ' s recommended date of expiration.	S3215		

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S3215	Continued From page 5 This REQUIREMENT is not met as evidenced by: K.A.R. 26-41-205 (h) (4) The facility reported a census of 87 residents. The sample included 6 residents. Based on observation and interview the administrator failed to ensure the "Licensed Nurse" (LN) or the "Certified Medication Aide" (CMA) did not use medications beyond the manufacturer's or pharmacy provider's recommended date of expiration. Findings included: - Observation on 07/11/23 at approximately 03:45PM, LN B opened the locked small refrigerator in the medication room in the secured memory care unit, in the door were two opened bottles of Tuberculin Purified Tubersol solution, both bottles lacked a beyond use date/date the Tubersol solution was opened. - Interview on 07/11/23 at approximately 03:45PM, LN B confirmed the two opened bottles lacked a beyond use date/date the Tubersol solution was opened. - Observation on 07/12/23 at approximately 09:45AM of the third-floor medication cart. CMA A unlocked the medication cart and in the top drawer were the following: 1 Lantus Pen 100 units/milligram with approximately 100 units left in the pen. 1 Humalog 3 milliliters/ 100 units per milliliter	S3215		

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S3215	Continued From page 6 with approximately 60 units left in the pen. Interview on 07/12/23 at approximately 09:45 AM with CMA A and LN B, they confirmed the insulin pens lacked a beyond use date/date the insulin pen was opened. Review of the Lantus manufacturer's recommendations revealed the following: "After 28 days throw your opened Lantus Pen away-even if it still has insulin in it". Review of the Humalog manufacturer's recommendations revealed the following: "In-use Humalog Kwik Pen should be stored at room temperature, below 86 degrees Fahrenheit and must be used within 28 days or be discarded, even it still contains Humalog". Review of the Tubersol manufacturer's recommendations revealed the following: "A vial of Tubersol which has been entered and in use for 30 days should be discarded". The administrator failed to ensure the LN or the CMA did not use medications beyond the manufacturer's or pharmacy provider's recommended date of expiration.	S3215		
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	S3310		

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S3310	Continued From page 7 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 87 residents. The sample included 6 "Residents" (R)'s 1, 2, 3, 4, 5, 6, and 5 newly hired staff. Based on record review and interview the administrator 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 3 ("Licensed Nurse (LN)B, "Certified Medication Aides" (CMA's) G and H) of the 5 newly hired staff, and for R1, R2, R3 and R4. Findings included: - Record review on 07/12/23 for LN B revealed she began employment on 09/19/22. The record contained a document titled "Baseline Tuberculosis Symptom Screening Questionnaire". The document revealed the first step of the required two step test was implanted on 09/19/22 and was negative. The entry lacked a date when the test was read.	S3310		

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S3310	Continued From page 8 Interview on 07/12/23 at 12:51PM with director of operations I, he confirmed the document lacked the read date for the implanted first step TB skin test. Record review for CMA G revealed she began employment on 11/15/22. The employee record lacked the documentation of the required two step TB test being implanted within seven days of employment. Record review for CMA H revealed she began employment on 06/06/23. The employee record lacked the documentation of the required two step TB test being implanted within seven days of employment. Interview on 07/12/23 at 12:51PM with director of operations I, he confirmed the employee records for CMA's G and H lacked the required documentation of the required two step TB test being implanted within seven days of employment. Record review for R1 revealed an admission date of 10/18/21. The record contained documentation of the required first step TB skin test being implanted on 01/07/22 and read negative on 01/09/22. The second step of the required TB skin test was implanted on 01/12/22 and read negative on 01/14/22. R1 record lacked the required annual TB symptom screening. Record review for R2 revealed an admission date of 03/29/23. The record contained a symptom screen being completed on 3/30/23,	S3310		

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S3310	Continued From page 9 and the required first step of the TB skin test was implanted on 3/30/23 and read negative on 4/2/23. R2 record lacked the required second step being implanted within one to three weeks after the first step read negative. Record review for R3 revealed an admission date of 10/18/21. The record contained an annual symptom screen dated 01/07/22. R3 record lacked the required annual TB symptom screening. Record review for R4 revealed an admission date of 05/11/22. The record contained documentation of the required first step TB skin test being implanted on 05/11/22 and read negative on 05/13/22. The second step of the TB skin test was implanted on 05/25/22 and read negative on 05/27/22. R4 record lacked the required annual TB symptom screening. Interview on 07/13/23 at approximately 05:00PM with administrator C and LN D, they confirmed the resident records lacked the following information: R1 record lacked the documentation of the required annual TB symptom screen R2 record lacked the required second step being implanted within one to three weeks after the first step read negative. R3 record lacked the required annual TB symptom screening. R4 record lacked the required annual TB	S3310		

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S3310	Continued From page 10 symptom screening. The administrator 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 newly hired LN B, CMA's G and H, and for R1, R2, R3 and R4.	S3310		
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:	S3320		

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S3320	Continued From page 11 K.A.R. 28-39-254 (a) The facility reported a census of 87 residents. 19 of the 87 residents are cognitively impaired and reside in a secured unit. Based on observation and interview the administrator failed to ensure the secured unit with 19 cognitively impaired residents was maintained to protect the health and safety of the residents, personnel and the public when there were chemicals and a bottle of over-the-counter medication left unsecured in the common resident areas. Findings included: - Observation on 07/11/23 at 03:26PM in the secured unit with the 19 cognitively impaired residents revealed a female resident sitting at a table in the common area in front of the unlocked drawers that contained resident activities the third drawer down contained a small handbag. In the handbag were a bottle of chewable "Digest Enzymes". Interview on 07/11/23 at 03:26PM with "Licensed Nurse" (LN) B, she confirmed the handbag belonged to one of the facility staff. Observation on 07/11/23 at approximately 03:30 PM the door to the "Whirlpool" room freely opened. On the counter next to the sink were a container of "Sani Cloth Plus" wipes which were labeled to keep out of the reach of children. Interview on 07/11/23 at 03:26PM with "Licensed Nurse" (LN) B, she confirmed the container of "Sani Cloth Plus" wipes were to be secured.	S3320		

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S3320	Continued From page 12 The administrator failed to ensure the secured unit with 19 cognitively impaired residents was maintained to protect the health and safety of the residents, personnel and the public when there were chemicals and a bottle of over-the-counter medication left unsecured in the common resident areas.	S3320		