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	N046083	A. BUILDING: _____ B. WING _____	07/19/2023

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
MORNINGSIDE PLACE	6921 W 81ST STREET OVERLAND PARK, KS 66204

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S 000	INITIAL COMMENTS The following citations represent the findings of the licensure resurvey with attached complaint number 181413, for the above named facility conducted on 07/18/23 and 07/19/23.	S 000		
S3028 SS=D	26-41-101 (f) (3) Staff Treatment of Residents Reporting (f) (3) Each allegation of abuse, neglect, or exploitation shall be reported to the administrator or operator of the facility as soon as staff is aware of the allegation and to the department within 24 hours. The administrator or operator shall ensure that all of the following requirements are met: (A) An investigation shall be started when the administrator or operator, or the designee, receives notification of an alleged violation. (B) Immediate measures shall be taken to prevent further potential abuse, neglect, or exploitation while the investigation is in progress. (C) Each alleged violation shall be thoroughly investigated within five working days of the initial report. Results of the investigation shall be reported to the administrator or operator. (D) Appropriate corrective action shall be taken if the alleged violation is verified. (E) The department ' s complaint investigation report shall be completed and submitted to the department within five working days of the initial report. (F) A written record shall be maintained of each investigation of reported abuse, neglect, or exploitation.	S3028		

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE | TITLE | (X6) DATE

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S3028	Continued From page 1 This REQUIREMENT is not met as evidenced by: K.A.R. 26-41-101 (f) (3) The facility reported a census of 64 residents. The sample included 6 "Residents'" (R)'s 1, 2, 3, 4, 5, and 6. Based on interview and record review, the administrator failed to ensure facility staff followed reporting abuse when "Certified Nurse Aide" (CNA) B failed to report the alleged abuse on R1 to the administrator as soon as he was aware of the allegation, the "Human Resources" (HR) staff further failed to report the allegation to the administrator when he was made aware of the allegation from CNA B, and the administrator failed to report to the department within 24 hours an allegation of physical abuse to R1. Findings included: - Interview on 07/18/23 at approximately 08:25 AM with HR personnel F, he stated that "Licensed Nurse" (LN) G would not be available, he continued that LN G had been suspended for an allegation of abuse. Interview on 07/18/23 at approximately 11:00 AM with administrator J, he confirmed that LN G was unavailable related to being suspended for an allegation of abuse, he continued to state that the regional directors were investigating the allegation and the regional directors had not reported the allegation to the department.	S3028		

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S3028	Continued From page 2 Record review of documents provided by regional office of the ongoing investigation of alleged abuse on R1 by LN G confirmed that he had been suspended during the investigation. Review of timeline provided by administrator J revealed the following: 07/11/23 CNA B made the allegation of abuse on R1 from LN G. 07/12/23 CNA B reported the allegation to HR personnel F after arriving for CNA B's scheduled shift 03:00PM to 11:00 PM 07/13/23 HR personnel F reported allegation to administrator J at approximately noon 07/14/23 Regional office investigating the allegation 07/17/23 LN G was suspended at approximately 01:15PM Record review of the facility policy titled "Abuse, Fraud, and Wrongdoing" revealed the following: "The Executive Director will investigate any reports of abuse, neglect, fraud or wrongdoing". "3. If a report of abuse without bodily injury fraud, or other wrongdoing is received: a. Remove the resident from suspected harm and report to supervisor b. The Executive Director is notified immediately" c. ...an incident report shall be initiated. d. A telephone report shall be made to the local law enforcement agency within 24 hours of the mandated reported observing obtaining knowledge of, or suspecting the physical abuse e. A written report shall be made to the local ombudsman, the corresponding licensing agency and the local law enforcement agency within 24	S3028		

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S3028	Continued From page 3 hours of the mandated reporter observing, obtaining knowledge of, or suspecting the physical abuse. f. The Executive Director or designee initiates an investigation" Interview on 07/18/23 at 01:07 PM with HR personnel F, he confirmed the facility failed to follow their "Abuse, Fraud, and Wrongdoing" policy and further failed to follow the department regulations. Interview on 07/18/23 at 03:15PM with CNA B, when asked why he did not report the incident he stated' "he did to LN K that evening" Interview on 07/18/23 at 03:44PM with LN K, she stated there were no reports/allegations of abuse made to her on the night of 07/11/23 involving LN G. The administrator failed to ensure facility staff followed reporting abuse when CNA B failed to report the alleged abuse on R1 by LN G to the administrator as soon as he was aware of the allegation, the HR staff failed to report the allegation to the administrator when he was made aware of the allegation from CNA B, and the administrator further failed to report to the department within 24 hours an allegation of physical abuse to R1 from LN G.	S3028		
S3171 SS=E	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.	S3171		

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S3171	Continued From page 4 This REQUIREMENT is not met as evidenced by: K.A.R. 26-41-204 (i) The facility reported a census of 64 residents. The sample included seven "Residents'" (R)'s 1, 2, 3, 4, 5, and 6. Based on interview and record review the administrator failed to ensure that all health care services were provided to R3 and R4 by qualified staff in accordance with acceptable standards of practice when they failed to do an assessment of the bed assist devices attached to the upper left and right sides of their beds, to ensure they were not a restraint, to determine the purpose of the devices, to determine that they were securely attached to the bed/bedframes, and assess R3 and R4 abilities to safely use the devices and provide/document in R3 and R4 records a periodic reassessment of the devices. Findings included: - Record review on 07/19/23 for R3 revealed an admission date of 05/21/19 with diagnoses of insomnia, major depressive disorder, cerebral infarction, and essential hypertension. Record review of R3 "Functional Capacity Screen" (FCS) dated 12/09/22 revealed R3 required physical assistance with bathing, dressing, toileting, transferring, and mobility. He required supervision with eating, he was unable to manage his own medications, was incontinent of his bladder, and had impaired short-term	S3171		

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S3171	Continued From page 5	S3171		

memory, impaired long-term memory, impaired memory recall and impaired decision making. He was usually able to make himself understood, and he usually understood others. He was marked with impaired decision making and used a wheelchair and mechanical lift mobility devices.

The FCS for R3 lacked documentation of bed assist devices.

Record review of R3 "Negotiated Service Agreement" (NSA) dated 12/09/22 revealed the facility would provide the following health services: R3 would receive bathing assistance from hospice aide and community staff weekly, oversight of resident to ensure R3 ate his meals and to monitor for choking, community staff to assist with dressing, assistance with toileting, and manage his medication/treatments.

The NSA for R3 lacked a description of the bed assist devices.

Record review of R3 "Health Service Plan" (HSP) instructed staff to assist with bathing twice weekly and as needed, monitor R3 at meals to ensure R3 is feeding himself and does not choke, staff to assist resident twice daily in dressing/undressing.

Observation on 07/19/23 at approximately 04:00 PM of R3 bed revealed the following: on either side of the upper portion of the bed were a single post attached to the bed with a circular top with safety bars in the circle. The device measured 20.5 inches in height, and 13 inches in diameter.

R3 record lacked documentation of the bed

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S3171	Continued From page 6	S3171		

assist devices on either side of the upper portion of the bed.

- Record review for R4 on 07/19/23 revealed an admission date of 11/29/19 with diagnoses of Alzheimer's disease, encounter for screening for respiratory tuberculosis, essential hypertension and Malignant neoplasm of lymphoid.

Record review of R4 FCS dated 03/08/23 revealed R4 required physical assistance with bathing, dressing, and toileting. She required supervision for transferring and mobility. She required physical assistance with eating, she was unable to manage her own medications, was incontinent of her bladder, and had impaired short-term memory, impaired long-term memory, impaired memory recall and impaired decision making. She was usually able to make herself understood, and she usually understood others. She was marked with falls, impaired decision making used no mobility devices.

The FCS for R4 lacked documentation of bed assist devices.

Record review of R4 NSA dated 03/08/12 revealed the facility would provide the following health services: R4 would receive bathing assistance from hospice aide and community staff weekly, assistance with eating, community staff to assist with dressing, assistance with toileting, and manage her medication/treatments.

The NSA for R4 lacked a description of the bed assist devices.

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Record review of R4 "Health Service Plan" (HSP) instructed staff to assist with bathing twice weekly and as needed, staff are to prepare and set up R4's meals and provide encouragement at mealtimes, staff are to monitor R4 for choking during mealtimes. staff to assist resident twice daily in dressing/undressing.

Observation on 07/19/23 at approximately 04:10PM of R4 bed revealed the following: on either side of the upper portion of the bed were a single post attached to the bed with a circular top with safety bars in the circle. The device measured 24 inches in height, and 13 inches in diameter. Both devices were loose and moved easily when grabbed.

Interview on 07/19/23 at 01:21 with Licensed Nurse G, he confirmed the records for R3 and R4 lacked an assessment to confirm the devices were not a restraint, to determine the purpose of the device and the residents ability to safely use the device, assess to ensure it is securely attached to the bed and measure to ensure that it poses no rise for entrapment, should be listed on the resident FCS, a description of the device in the NSA, and document periodic reassessments of the resident's use of the device and their ability to use it safely and document it in the resident record.

According to the "United States Food and Drug Administration" (FDA), they recommend that an assessment be performed to confirm the device is not a restraint, to determine the purpose of the device and the residents ability to safely use the device, assess to ensure it is securely attached to the bed and measure to ensure that it poses

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S3171	Continued From page 8 no rise for entrapment, should be listed on the resident FCS, a description of the device in the NSA, and document periodic reassessments of the resident's use of the device and their ability to use it safely and document it in the resident record. http://www.fda.gov/MedicalDevices/ProcuctsandMedicalProcedures/HomeHealthandConsumer/ConsumerProducts/BedRailSafety/defult.htm The administrator failed to ensure that all health care services were provided to R3 and R4 by qualified staff in accordance with acceptable standards of practice when they failed to do an assessment of the bed assist devices attached to the upper left and right sides of their beds, to ensure they were not a restraint, to determine the purpose of the devices, to determine that they were securely attached to the bed/bedframes, and assess R3 and R4 abilities to safely use the devices and provide/document in R3 and R4 records a periodic reassessment of the devices.	S3171		
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	S3211		

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S3211	Continued From page 9 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 64 residents. Based on observation and interview the administrator failed to ensure a licensed pharmacist or a licensed nurse placed the full name of the resident on "Over the Counter" (OTC) medication bottles. Findings included: - Observation on 07/18/23 at 10:10AM "Certified Medication Aide" (CMA) H opened the locked medication cart identified as "cart number two" and the following OTC bottles lacked the full name of the resident's: 1 bottle of Systane eye drops 1 box of Phillips Laxative capsules 2 bottles of Magnesium 400 milligrams 1 bottle of Eighth hour Arthritis Pain acetaminophen 650 milligrams with "House Stock" handwritten on the bottle 1 bottle of Chewable Aspirin 81 milligrams with "House Stock" handwritten on the bottle CMA H confirmed during the observation the OTC bottles lacked the resident's full name. CMA I opened the locked medication cart identified as "cart number one" and the following OTC bottles lacked the full name of the resident's:	S3211		

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S3211	Continued From page 10 1 bottle of Melatonin 3 milligrams 1 bottle of Tylenol 500 milligrams 1 bottle of HyVee Mega Multi Vitamins 1 bottle of One a Day Women's fifty plus CMA I confirmed during the observation the OTC bottles lacked the resident's full name. Interview on 07/19/23 with Licensed Nurse G, he confirmed all OTC bottles should be labeled with the resident full name. The administrator failed to ensure a licensed pharmacist, or a licensed nurse placed the full name of the resident on "Over the Counter" (OTC) medication bottles.	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	S3310		

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S3310	Continued From page 11 by: K.A.R. 26-41-207 (c) The facility reported a census of 64 residents. The sample included 6 "Residents'" (R)'s 1, 2, 3, 4, 5, 6, and 5 newly hired staff. Based on interview and record review the administrator failed to ensure the facility's compliance with the department's "Tuberculosis" (TB) guidelines adopted by reference in K.A.R. 26-393-105 for R's 1, 2, 3, 4, 5, 6, and for newly hired "Certified Nurse Aides'" (CNA)'s A, B, "Nursing Assistant II" C, and "Certified Medication Aide" (CMA) D. Findings included: - Record review on 07/19/23 for newly hired CNA A revealed she began employment on 04/07/22. The employee record lacked the documentation for the required TB symptom screen and further lacked the required two step TB test within seven days of employment. Record review for newly hired CNA B revealed he began employment on 06/18/23. The employee record lacked the documentation for the required TB symptom screen and further lacked the required two step TB test within seven days of employment. Record review for newly hired "Nursing Assistant II" revealed she began employment on 06/28/23. The employee record lacked the documentation for the required TB symptom screen and further lacked the required two step TB test within seven days of employment. Record review for newly hired CMA D revealed	S3310		

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she began employment on 07/10/23. The employee record lacked the documentation for the required TB symptom screen and further lacked the required two step TB test within seven days of employment.

Interview on 07/19/23 at 12:15PM with Human Resources personnel, he confirmed the newly hired employee records lacked the documentation for the required TB symptom screen and further lacked the required two step TB test within seven days of employment.

- Record review for R1 revealed an admission date of 12/14/22, with diagnoses of hypokalemia, history of alcohol abuse, coronary artery disease, hypertension, syncope and collapse, type two diabetes, and heart disease.

R1 record contained a document titled "Tuberculosis Symptom Screen Questionnaire" and was dated 12/05/22.

R1 record lacked the documentation for the required two step TB test within seven days of admission to the facility.

- Record review for R2 revealed and admission date of 10/31/22, with diagnoses of frontal temporal dementia, unspecified dementia, Schizophreniform disorder, depression, and Gastro-esophageal reflux disease.

R2 record lacked the required documentation of the required two step TB test within seven days of admission to the facility.

Record review for R3 revealed an admission

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S3310	Continued From page 13	S3310		

date of 05/21/19 with diagnoses of insomnia, major depressive disorder, cerebral infarction, and essential hypertension.

- R3 record contained a facility provided document titled "Tuberculosis Symptom Screen Questionnaire" and was dated 02/01/21.

R3 Record lacked an annual TB symptom screening questionnaire for 02/01/22 and 02/01/23.

- Record review for R4 revealed an admission date of 11/29/19 with diagnoses of Alzheimer's disease with late onset, encounter for screening for respiratory TB, essential hypertension, and anxiety disorder.

R4 record contained a facility provided document titled "TB Test Documentation Form" with the first step being completed on 11/06/21, and the second step being completed on 11/14/21.

R4 record lacked an annual TB symptom screening questionnaire for 11/14/22.

- Record review for R5 revealed an admission date of 01/05/23 with diagnoses of unspecified dementia, muscle weakness, cognitive communication deficit and major depressive disorder.

R5 record contained a facility provided document titled "TB Test Documentation Form" and revealed the first step was implanted on 03/10/23 and read on 03/12/23.

R5 record lacked documentation of the required

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MORNINGSIDE PLACE	6921 W 81ST 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) COMPLETE DATE
S3310	Continued From page 14 second step of the required two step TB test within one to three weeks of the completion of the first step TB test. - Record review for R6 revealed an admission date of 11/14/22 with diagnoses of vascular dementia, malignant neoplasm of unspecified kidney, Type two diabetes mellitus. R6 record contained a facility provided document titled "TB Test Document Form" with a completion date of the first step TB test read on 11/17/22. R5 record lacked documentation of the required second step of the required two step TB test within one to three weeks of the completion of the first step TB test. Interview on 07/19/23 at 01:21PM with Licensed Nurse G, he confirmed the documents for R's 1, 2, 3, 4, 5 and 6 lacked the required TB documentation. The administrator failed to ensure the facility's compliance with the department's "Tuberculosis" (TB) guidelines adopted by reference in K.A.R. 26-393-105 for R's 1, 2, 3, 4, 5, 6, and for newly hired "Certified Nurse Aides'" (CNA)'s A, B, "Nursing Assistant II" C, and "Certified Medication Aide" (CMA) D.	S3310		