

Kansas Department on Aging

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: N046065	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____	(X3) DATE SURVEY COMPLETED 09/12/2023
NAME OF PROVIDER OR SUPPLIER COLONIAL OAKS AT LEAWOOD		STREET ADDRESS, CITY, STATE, ZIP CODE 5201 W 143RD STREET OVERLAND PARK, KS 66224		
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S 000	INITIAL COMMENTS The following represents the findings of a resurvey with attached complaints #181463, #181427, #180207, #176996, and #173174 at the above named assisted living facility conducted on 09/12/23, 09/13/23, and 09/14/23.	S 000		
S3085 SS=D	26-41-202 (a) Negotiated Service Agreement (a) The administrator or operator of each assisted living facility or residential health care facility shall ensure the development of a written negotiated service agreement for each resident, based on the resident ' s functional capacity screening, service needs, and preferences, in collaboration with the resident or the resident ' s legal representative, the case manager, and, if agreed to by the resident or the resident ' s legal representative, the resident ' s family. The negotiated service agreement shall provide the following information: (1) A description of the services the resident will receive; (2) identification of the provider of each service; and (3) identification of each party responsible for payment if outside resources provide a service. This REQUIREMENT is not met as evidenced by: KAR 26-41-202(a)(1) The facility reported a census of 66 residents with six residents included in the sample and two closed record reviews. Based on interview and record review the administrator failed to ensure	S3085		

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

TITLE

(X6) DATE

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S3085	Continued From page 1 the "Negotiated Service Agreement" (NSA) for Resident (R) 1 described the services he received based on his "Functional Capacity Screen" (FCS) for communication and to prevent injury from falls. Findings included: - Record review for R1 revealed an admission date of 06/09/23 with a diagnosis of dementia. The 06/09/23 "FCS" identified R1 sometimes understood others during communication and was marked for falls. The 06/09/23 "NSA" failed to describe the services provided to assist R1 during communication and to prevent him from injury from falls. On 09/13/23 at approximately 03:34 PM Administrative Nurse A confirmed R1's "NSA" failed to describe the services provided for communication and to injury from falls. The administrator failed to ensure the "NSA" for R1 described the services he received based on his "FCS" for communication and to prevent injury from falls.	S3085		
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	S3211		

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S3211	Continued From page 2 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 facility reported a census of 66 residents. Based on observation and interview the administrator failed to ensure a licensed pharmacist or licensed nurse placed the full names of residents on the original packages of five over-the-counter (OTC) medications. Findings included: - Observation on 09/12/23 at 09:39 AM revealed Certified Medication Aide (CMA) D unlocked and opened the 200-hall medication cart. The following OTC medications were not labeled with residents' full names: One bottle of cetirizine hydrochloride 10 milligrams (mg), tabs 90 tablets One bottle of Bayer low dose aspirin 81 mg, 200 tablets One bottle of Tylenol 325 mg, 100 tablets One bottle of chlorpheniramine maleate 4 mg, 100 tablets One bottle of finasteride 5 mg, 90 tablets	S3211		

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S3211	Continued From page 3 One bottle of vitamin D3 2000 international units (iu) 250 softgels One bottle of Mylanta, 12 ounces (oz) On 09/12/23 at approximately 09:39 AM CMA D confirmed the OTC medications in the 200-hall medication cart were not labeled with resident's full names. Observation on 09/12/23 at 09:50 AM revealed CMA D unlocked and opened the 100-hall medication cart. The following OTC medications were not labeled with residents' full names: One bottle of Advil 200 mg, 200 tablets On 09/12/23 at approximately 09:50 AM CMA D confirmed the OTC medications in the 100-hall medication cart were not labeled with resident's full names. Observation on 09/12/23 at 10:03 AM revealed CMA E unlocked and opened the memory care unit medication cart. The following OTC medications were not labeled with residents' full names: One bottle of melatonin 5 mg, 250 tablets One bottle of low dose aspirin 81 mg, 365 tablets On 09/12/23 at approximately 09:50 AM CMA E confirmed the OTC medications in the memory care unit medication cart were not labeled with resident's full names. The administrator failed to ensure a licensed pharmacist or licensed nurse placed the full	S3211		

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S3211	Continued From page 4 names of residents on the original packages of OTC medications.	S3211		
S3299 SS=E	26-41-206 (e) (1) Facility Food Storage (e) Food storage. Facility staff shall store all food under safe and sanitary conditions. (1) Containers of poisonous compounds and cleaning supplies shall not be stored in the areas used for food storage, preparation, or serving. This REQUIREMENT is not met as evidenced by: KAR 26-41-206(e) The facility reported a census of 66 residents with 16 residents in the memory care unit. The facility had a main kitchen where food was stored and prepared and a satellite kitchen in the memory care unit where food was stored and served. Based on observation and interview the administrator failed to ensure foods in the memory care satellite kitchen were stored under safe conditions. Findings included: - Observation on 09/12/23 at approximately 10:07 AM revealed a refrigerator and freezer in the memory care satellite kitchen that contained food items for 16 residents. The following food items were not labeled or dated: Two squeeze bottles that contained a creamy white substance.	S3299		

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S3299	Continued From page 5 One squeeze bottle that contained a clear yellowish substance. One gallon plastic jug that contained purple liquid. The container had a label which read "orange juice." A temperature log for the refrigerator and freezer was on the door of the refrigerator. The most recent temperature was recorded on 02/23/23 which was 201 days at the start of the survey. On 09/12/23 at approximately 10:07 AM Administrative Staff A confirmed the refrigerator and freezer contained food items for the residents, the refrigerator contained items that were not labeled or dated, and the most recent date refrigerator and freezer temperatures were recorded was 02/23/23. On 09/14/23 at approximately 08:56 AM a food storage policy was requested which the facility failed to provide. The administrator failed to ensure foods were stored under safe conditions.	S3299		
S3420 SS=F	28-39-256 MECHANICAL REQUIREMENTS (c) Mechanical requirements. (1) Heating, air conditioning, and ventilating systems. (A) The system shall be designed to maintain a year-round indoor temperature range of 70oF or 21oC to 85oF or 26oC. (B) Each apartment or individual living unit	S3420		

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S3420	Continued From page 6 shall allow the resident to control the temperature. (2) Plumbing and piping systems. (A) Backflow prevention devices or vacuum breakers shall be installed on fixtures to which hoses or tubing can be attached. (B) Water distribution systems shall be arranged to provide hot water at outlets at all times. The temperature of hot water shall range between 98oF and 120oF at bathing facilities, sinks, and lavatories in resident use areas. (3) Electrical requirements. (A) All spaces occupied by persons or machinery and equipment within the buildings, approaches to buildings, and parking lots shall have adequate lighting. (B) Minimum lighting intensity levels shall be as required in Table 1. (C) Each corridor and stairway shall remain lighted at all times. (D) Each light in resident use areas shall be equipped with shades, globes, grids, or glass panels. This REQUIREMENT is not met as evidenced by: KAR 28-39-256 (c)(2)(A) The facility reported a census of 66 residents.	S3420		

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S3420	Continued From page 7 Based on observation and interview the administrator failed to ensure backflow prevention devices or vacuum breakers were installed on the hose fixtures on two hair washing sinks in the beauty salon. Findings included: - Observation on 09/12/23 at 09:58 AM in the facility's beauty salon revealed two hair washing sinks with a hose attached to each sink. There was not a backflow prevention device or vacuum breaker installed on the hose faucets of the sinks. On 09/12/23 at approximately 09:58 AM Administrative Staff A confirmed the beauty salon sinks did not have backflow prevention devices or vacuum breakers installed. The administrator failed to ensure backflow prevention devices or vacuum breakers were installed on the hose fixtures on two hair washing sink in the beauty salon.	S3420		