

Kansas Department on Aging

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: N046048	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____	(X3) DATE SURVEY COMPLETED C 01/23/2024
NAME OF PROVIDER OR SUPPLIER GLENWOOD VILLAGE OF OVERLAND PARK ASSISTE		STREET ADDRESS, CITY, STATE, ZIP CODE 9201 FOSTER STREET OVERLAND PARK, KS 66212		
(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 numbers 185151, 185059, 182480, 181651, and 181348 for the above named facility conducted on 01/22, 01/23, 01/24 and 01/25/2024.	S 000		
S3130 SS=D	26-41-203 (d) Special Care Services (d) Special care. Any administrator or operator of an assisted living facility or residential health care facility may choose to serve residents who do not exceed the facility ' s admission and retention criteria and who have special needs in a special care section of the facility or the entire facility, if the administrator or operator ensures that all of the following conditions are met: (1) Written policies and procedures are developed and are implemented for the operation of the special care section or facility. (2) Admission and discharge criteria are in effect that identify the diagnosis, behavior, or specific clinical needs of the residents to be served. The medical diagnosis, medical care provider ' s progress notes, or both shall justify admission to the special care section or the facility. (3) A written order from a medical care provider is obtained for admission. (4) The functional capacity screening indicates that the resident would benefit from the services and programs offered by the special care section or facility. (5) Before the resident ' s admission to the special care section or facility, the resident or resident's legal representative is informed, in writing, of the available services and programs that are specific to the needs of the resident.	S3130		

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

TITLE

(X6) DATE

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S3130	Continued From page 1 (6) Direct care staff are present in the special care section or facility at all times. (7) Before assignment to the special care section or facility, each staff member is provided with a training program related to specific needs of the residents to be served, and evidence of completion of the training is maintained in the employee's personnel records. (8) Living, dining, activity, and recreational areas are provided within the special care section, except when residents are able to access living, dining, activity, and recreational areas in another section of the facility. (9) The control of exits in the special care section is the least restrictive possible for the residents in that section. This REQUIREMENT is not met as evidenced by: K.A.R. 26-41-203 (d) (3) The facility reported a census of 45 residents. The sample included Residents (R) 1, R2, R3, and R4. Based on interview and record review the administrator failed to ensure the facility nurse obtained a written order from a medical care provider for R2's admission to the specialty memory care unit of the facility. Findings included: - Record review for R2 revealed an admission date of 11/07/23, with diagnoses of gastroesophageal reflux disease, constipation, history of toxic encephalopathy, incontinence urinary, recurrent falls/unsteady gait, seasonal allergies, urinary	S3130		

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S3130	Continued From page 2 tract infections, atrial fibrillation, edema, hyperlipidemia, hypertension, anxiety disorder, dementia, history of hallucinations and delusions, history of restlessness/agitation, and major depression. Review of R2's "Functional Capacity Screening" (FCS) dated 12/11/23 revealed R2 required physical assistance with bathing, dressing, and toileting. R2 required supervision with transferring, walking/mobility, and eating. R2 lacked the ability to manager her own medications and treatments, and she was frequently incontinent. She was marked with impaired short-term memory, impaired memory recall, and impaired decision making. She was usually able to make herself understood and she understood others. She was marked with falls and impaired decision making under the section titled "Current or Recent Problems and Risks". R2 used a walker mobility device. Review of R2's combined "Negotiated Service Agreement" (NSA)/ "Health Service Plan" (HSP) identified the facility staff would report to nursing any change of condition related to R2 wandering. Staff would allow R2 time to respond and understand directions. One facility care partner would provide assistance with dressing, bathing, and toileting. Facility care partners were to escort R2 using the two wheeled walker with ambulation. Review of R2's electronic medical record under the "Resident Notes" tab revealed on 11/16/23 at 04:12 PM R2 arrived at the facility and resided in the assigned apartment. The note failed to indicate the apartment was located in the facility's specialty unit, behind secured doors that required	S3130		

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S3130	Continued From page 3 a code to enter and exit the unit. Review of R2's diagnoses from the prior facility revealed the following diagnoses: Other toxic encephalopathy, syncope and collapse, Disorientation, delusional disorders, unspecified dementia, unspecified severity with psychotic disturbance, generalized anxiety disorder, and irritability and anger. Review of R2's resident medical chart revealed an undated document "Telephone Order" which instructed staff to discharge the resident to the selected facility on 11/07/23. Outpatient physical therapy and occupational therapy were to evaluate and treat, and staff would continue all current orders. Review of R2's "Order Summary Report" from the prior facility revealed an order to "Admit to level of care: Skilled Memory Care". Review of a document dated 11/06/23 titled "Physician Order" and signed by facility Licensed Nurse (LN) C revealed the resident would admit to an assigned room, with an assigned medical provider, and noted the resident had no known allergies. The medical provider Certified Physician Assistant D signed the order on 11/06/23, but lacked any documentation related to admission to the facility's specialty memory care unit. The facility admission agreement signed by R2's Durable Power of Attorney (DPOA) revealed section "Appendix I Informed Choice Statement - Memory Care" was signed by the DPOA on 11/06/23.	S3130			

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S3130	Continued From page 4 Interview on 01/24/23 at 05:30 PM with Administrator A, LN B, and LN C confirmed R2's medical record lacked an order signed by the medical provider, for admission to the facility's specialty memory care unit. The administrator failed to ensure the facility nurse had obtained a written order from a medical care provider for the admission of R2 to the specialty memory care unit of the facility.	S3130			
S3201	26-41-205 (d) (3) Facility Administration of Medication (3) A licensed nurse or medication aide shall perform the following: (A) Administer only the medication that the licensed nurse or medication aide has personally prepared; (B) identify the resident before medication is administered; (C) remain with the resident until the medication is ingested or applied; and (D) document the administration of each resident ' s medication in the resident ' s medication administration record immediately before or following completion of the task. If the medication administration record identifies only time intervals or events for the administration of medication, the licensed nurse or medication aide shall document the actual clock time the medication is administered. This REQUIREMENT is not met as evidenced by: K.A.R. 26-41-205 (d) (3) (D)	S3201			

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S3201	Continued From page 5 The facility reported a census of 45 Residents' (R). Based on interview and record review the administrator failed to ensure Certified Medication Aides (CMAs) G and H documented the administration of each resident's medication in the electronic medication administration record immediately before or following the completion of the task for R5, R6, R10, R12, and R13. Findings included: - On 01/23/24 review of facility provided report titled "OOC Report Summary" revealed the following: R5 was to receive Polyethylene Glycol 238 Grams on 01/19/25 at 08:00 AM, CMA G documented the time on 01/19/24 at 01:33 PM R5 was to receive the following medications on 01/19/24 at 08:00 AM and CMA H documented the time on 01/23/24 at 09:49 AM: Polyethylene Glycol 238 grams Spironolactone 25 milligram tablet daily weight R6 was to receive the following medications on 01/19/24 at 12:00 PM and CMA G documented the medications on 01/20/24 at 02:29 PM: Gabapentin 600 Milligram tablet Hydrocodone -Acetaminophen 10-325 milligram tablet Furosemide 40 milligram tablet R10 was to receive the following medications on 01/19/24 at 07:00 AM and CMA G documented the medications on 01/20/24 at 02:43 PM:	S3201			

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S3201	Continued From page 6 Calmoseptine Ointment 71 Gram Acetaminophen 325 milligrams tablet Florastor 250 milligrams capsule Buspirone HCL 5 milligram tablet Donepezil HCL 5 milligram tablet Furosemide 20 milligram tablet Loratadine 10 milligram tablet Ipratropium-Albuterol 0.5 milligram-3milligram/3milliliter Morphine Sulfate 100 milligram / 5 milliliter Loperamide 2 milligram capsule Metoprolol Extended release 25 milligram Prednisone 10 milligram tablet Spironolactone 25 milligram tablet Zinc Oxide 20% ointment R12 was to receive the following medications on 01/19/24 at 07:00 AM and CMA G documented the medications at 01:00 PM: Aspirin 81 milligrams Acetaminophen 500 MG Caplet Isosorbide mono extended release 30 milligram tablet Memantine HCL 5 milligram tablet Lorazepam 0.5 milligram tablet Risperidone 0.25 milligram tablet Preservision Areds 2 soft gel R12 Voltaren Gel 1% to be administered at 09:00 AM and CMA G documented the medication at 01:00 PM R12 was to have Voltaren Gel 1% 100 Grams on 01/19/24 at 09:00 PM and CMA G documented the medications at 01/20/24 at 05:34 PM. R12 was to have Lorazepam 0.5 milligram tablets at 01/20/24 at 03:00 PM and CMA G documented the medications at 05:34 PM.	S3201			

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S3201	Continued From page 7 R13 was to receive the following medications on 01/19/24 at 08:00 PM and CMA H documented the medications on 01/23/24 at 09:41 AM: Albuterol HFA 90 microgram inhaler Oxygen supply tubing Vitamin C 500 milligram tablet Refresh classic eye drops Review of the facility provided policy titled "Medication Pass" policy revealed in section 6 under "Right Documentation" staff were directed to document administration of medications after giving the ordered medication. Interview on 01/24/23 at 05:30 PM with Administrator A and Licensed Nurse B confirmed CMA G and failed to document the administration of the medications immediately after the administration of the medications to R's 5, 6, 10, and 12. Interview on 01/25/24 at approximately 04:30 PM with Licensed Nurse B confirmed CMA H failed to document the administration of the medications immediately after the administration of the medications to R5 and R13 The administrator failed to ensure CMA's G and H documented the administration of each resident's medication in the electronic medication administration record immediately before or following the completion of the task for R5, R6, R10, R12, and R13.	S3201		
S3305 SS=F	26-41-207 (a) (b) Infection Control	S3305		

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S3305	Continued From page 8 (a) The administrator or operator of each assisted living facility or residential health care facility shall ensure the provision of a safe, sanitary, and comfortable environment for residents. (b) Each administrator or operator shall ensure the development of policies and implementation of procedures to prevent the spread of infections. These policies and procedures shall include the following requirements: (1) Using universal precautions to prevent the spread of blood-borne pathogens; (2) techniques to ensure that hand hygiene meets professional health care standards; (3) techniques to ensure that the laundering and handling of soiled and clean linens meet professional health care standards; (4) providing sanitary conditions for food service; (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 (7) transferring a resident with an infectious disease to an appropriate health care facility if the administrator or operator is unable to provide the isolation precautions necessary to protect the health of other residents. This REQUIREMENT is not met as evidenced by: K.A.R. 26-41-207 (b) (4)	S3305		

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S3305	Continued From page 9 The facility reported a census of 45 residents. All 45 residents ate food prepared in the same kitchen. The administrator failed to ensure sanitary conditions for food service by not ensuring the dishwasher chemical strengths were tested and documented daily. Findings included: - Observation on 01/23/24 during the tour of the facility kitchen revealed a multiple sink system with a plastic container in the middle sink with a soapy solution, and the facility dishwasher at the end of the sink system. There are dirty dishes piled on the table in front of the sinks. There were no chemical test strips observed and no log sheet for the test strips observed. Interview with Dietary Manager F confirmed the facility dietary staff had not been checking the sanitation chemical levels at the dishwasher, and he further confirmed there were no sanitation logs at this time. Review of the facility provided section of a policy that included "Machine Washing" revealed the following: "Check the dish machine water temps daily to ensure the correct temperatures are used in running the machine. Document the dishwasher temperatures and sanitation checks daily on the "DS 002 Kitchen Quality Assurance Temperature Log". The administrator failed to ensure sanitary conditions for food service by not ensuring the dishwasher chemical strengths were tested and documented daily.	S3305			

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S3310	Continued From page 10	S3310		
S3310 SS=E	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 45 residents. The sample included 4 residents and 5 newly hired employees. Based on interview and record review 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 newly hired Certified Medication Aide (CMA) E. Findings included: - Record review for newly hired CMA E revealed a hire date of 11/06/23. The record lacked documentation of the required first step of the	S3310		

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S3310	Continued From page 11 required two step TB test being preformed within seven days of hire. Interview on 01/24/23 with Administrator A confirmed CMA E employee record lacked the documentation of the required first step of the required two step TB test being performed within seven days of hire. Review of the facility provided policy titled "TB Testing and dated 01/20 revealed in section "B. TB Infection Testing:" "Each new resident and new employee shall receive a two-step" skin test within seven days of residency or employment. 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 CMA E.	S3310			