

Kansas Department on Aging

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: N046078	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____	(X3) DATE SURVEY COMPLETED 04/24/2024
NAME OF PROVIDER OR SUPPLIER GARDEN VILLAS OF LENEXA		STREET ADDRESS, CITY, STATE, ZIP CODE 9705 MONROVIA LENEXA, KS 66215		
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S 000	INITIAL COMMENTS The following represents the findings of a resurvey with attached complaints #187357, #184822, and #184781 at the above named assisted living conducted on 04/23/24 and 04/24/24.	S 000		
S3155 SS=D	26-41-204 (a) Health Care Services . (a) The administrator or operator in each assisted living facility or residential health care facility shall ensure that a licensed nurse provides or coordinates the provision of necessary health care services that meet the needs of each resident and are in accordance with the functional capacity screening and the negotiated service agreement. This REQUIREMENT is not met as evidenced by: KAR 26-41-204(a) The facility reported a census of 51 residents with three residents included in the sample and one closed record review. Based on interview and record review the administrator failed to ensure a licensed nurse coordinated health care services to address the sexual behaviors for Resident (R) 1. Findings included: - Record review for R1 revealed an admission date of 11/23/22 with a diagnosis of dementia.	S3155		

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

TITLE

(X6) DATE

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S3155	Continued From page 1 The 11/01/23 "Functional Capacity Screen" identified R1 had short-term and long-term memory cognitive difficulties. The 11/01/23 (before incident) "NSA" identified facility staff would provide R1 reminders, redirection, promptings, cues, and escort as needed. The 4/22/24 (after incident) addendum to the "NSA" identified facility staff would provide a safe and clean environment, privacy, and assistance for cleaning a massaging device with a non-judgemental attitude. The 05/03/23 "Nurse's Note" documented R1 had suffered cognitive decline with increase in behaviors including wandering the halls with no clothing on. Family and physician were notified and orders were received to transfer R1 to the secured unit within the building. The 05/17/23 "Nurse's Note" documented R1 was admitted to the facility's secured unit for increased cognitive assistance and more one-on-one care. The 04/22/24 "Nurse's Note" documented staff reported there was blood on a towel under R1 in bed and she was not wearing a brief. R1 was transferred to the hospital for evaluation. R1 was not aware of any injury. The 04/23/24 notarized "Witness Statement" by Certified Medication Aide (CMA) E reported she found R1 in bed when she went to her room wake her around 09:30 AM. She saw blood on	S3155		

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S3155	Continued From page 2 the toilet seat, blood in the toilet bowl with toilet tissue, and drops of blood on the floor. CMA E found a towel under R1 in bed with blood spots on it. She asked R1 if she knew where she was bleeding from and R1 denied pain or bleeding. Administrative Nurse B was notified who instructed CMA E to call emergency services to transport R1 to the hospital. The 04/23/24 notarized "Witness Statement" by Certified Nurse Aide (CNA) D reported R1 masturbated in her bed, on the sofa, and in the dining area in front of staff and other residents since last year. The 04/24/24 facility's "Investigation" of the incident documented the hospital notified Administrative Nurse B there was a two-inch long laceration near R1's labia which required sutures. A sexual assault kit was performed with results pending. Interviews with direct-care staff revealed R1 "frequently and vigorously" masturbated inside and outside of her apartment. R1 was provided manicures in which she preferred squared tips instead of smooth edges which may have contributed to the laceration. The facility had one set of entrance and exit doors. The doors were locked every evening at 08:00 PM and receptionist was stationed in front of the door 24 hours a day, seven days a week. Review of receptionist shift summary documentation revealed no one unfamiliar entered the facility or signed the vendor sign-in sheet. The investigation concluded there was no evidence to indicate abuse. On 04/23/24 at 10:44 AM Administrative Nurse B stated staff had observed blood in R1's	S3155		

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S3155	Continued From page 3 incontinence brief before but she thought it was from hemorrhoids. She stated R1 previously exhibited behaviors of standing in front of windows or wandering about the facility undressed. Administrative Nurse B confirmed services provided to meet R1's service needs were not described on R1's "NSA" prior to the incident. On 04/23/24 at 11:05 AM CNA D stated she did not report R1 masturbated to a nurse because she allowed R1 her privacy and did not realize it should be reported. She asked R1 once what she was doing and R1 replied she was "taking care of her needs." The facility's 11/14/16 "Guidance for the Development of the Negotiated Service Agreement (NSA)" policy documented an NSA would be prepared upon admission, reviewed at least annually, or when there was a significant change in condition. The NSA would outline the resident's needs, problems, preferences, required services, and goals or expectations by resident or their legal representative. If behaviors presented a reasonable likelihood of serious harm to the resident or others, staff would take appropriate action. Review and reassessment of the "FCS" and "NSA" may be indicated with changes documented on the "NSA." The administrator failed to ensure a licensed nurse coordinated health care services to address the sexual behaviors for Resident (R) 1.	S3155		
S3280 SS=F	26-41-104 (d) Disaster and Emergency Preparedness	S3280		

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S3280	Continued From page 4 (d) Each administrator or operator shall ensure disaster and emergency preparedness by ensuring the performance of the following: (1) Orientation of new employees at the time of employment to the facility ' s emergency management plan; (2) education of each resident upon admission to the facility regarding emergency procedures; (3) quarterly review of the facility ' s emergency management plan with employees and residents; and (4) an emergency drill, which shall be conducted at least annually with staff and residents. This drill shall include evacuation of the residents to a secure location. This REQUIREMENT is not met as evidenced by: KAR 26-41-104(d)(3) The facility reported a census of 51 residents. Based on interview and record review the administrator failed to provide evidence of documentation quarterly reviews of the facility's emergency management plan were completed with staff. Findings included: - Review of the facility's emergency plan records lacked evidence of documentation quarterly reviews were completed with staff during the third and fourth quarter of 2023 and for the first quarter of 2024.	S3280		

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S3280	Continued From page 5 On 04/23/24 at 01:39 PM Administrative Staff A confirmed the facility's record lacked documentation reviews of the emergency management plan were completed quarterly with staff. The 04/24/24 at 12:35 PM an Emergency Management Plan quarterly reviews policy was requested which the facility failed to provide. The administrator failed to provide evidence of documentation quarterly reviews of the facility's emergency management plan were completed with staff.	S3280		
S3298 SS=F	26-41-206 (d) Food Preparation (d) Food preparation. Food shall be prepared using safe methods that conserve the nutritive value, flavor, and appearance and shall be served at the proper temperature. (1) Food used by facility staff to serve to the residents, including donated food, shall meet all applicable federal, state, and local laws and regulations. (2) Food in cans that have significant defects, including swelling, leakage, punctures, holes, fractures, pitted rust, or denting severe enough to prevent normal stacking or opening with a manual, wheel-type can opener, shall not be used. (3) Food provided by a resident 's family or friends for individual residents shall not be required to meet federal, state, and local laws and regulations.	S3298		

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S3298	Continued From page 6 This REQUIREMENT is not met as evidenced by: KAR 26-41-206(d) The facility reported a census of 51 residents. The facility had a main kitchen where food was stored and prepared and a satellite kitchen where food was served. Based on interview and record review, the administrator failed to ensure food was served at the proper temperature. Findings included: - Observation on 04/23/24 at 12:52 PM of the satellite kitchen revealed a notebook which contained weekly food temperature logs beginning each Monday for the month of April 2024. Review of the food temperature log for the week of 04/22/24 through 04/28/24 revealed food temperatures were written for the evening meal on 04/23/24 and all three meals on 04/24/24 - 04/28/24 (five days). On 04/23/24 at 01:06 PM Dietary Staff C confirmed the food temperatures for five days and one evening meal during the week of 04/22/24 - 04/28/24 had been pre-filled before the meals on those days had occurred. The Kansas Department of Agriculture's "Focus on Food Safety" booklet documented "minimum hot holding temperature is 135 degrees Fahrenheit (F)." and "maximum cold holding temperature is 41 degrees F.	S3298		

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S3298	Continued From page 7 The facility's undated "Food Preparation - Employee Sanitary Practices" policy documented dietary staff were to ensure all hot and cold foods were served in accordance with safe temperature guidelines. The administrator failed to ensure food was served at the proper temperature.	S3298		