

Kansas Department on Aging

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: B046075	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____	(X3) DATE SURVEY COMPLETED 10/31/2024
NAME OF PROVIDER OR SUPPLIER TOPCARE HOME PLUS LLC		STREET ADDRESS, CITY, STATE, ZIP CODE 20687 W 125TH CT OLATHE, KS 66061		
(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 represent the findings of a resurvey for the above named home plus conducted on 10/31/24.	S 000		
S5085 SS=D	26-42-201 (c) Functional Capacity Screen Reassessment (c) Designated staff shall conduct a screening to determine each resident ' s functional capacity according to the following requirements: (1) At least once every 365 days; (2) following any significant change in condition as defined in K.A.R. 26-39-100; and (3) at least quarterly if the resident receives assistance with eating from a paid nutrition assistant. This REQUIREMENT is not met as evidenced by: KAR 26-42-201(c)(1) The facility reported a census of five residents with three included in the sample. Based on interview and record review the operator failed to complete a "Functional Capacity Screen" (FCS) for Resident (R) 2 every 365 days. Findings included: - Record review for R2 revealed an admission date of 08/18/21 with a diagnosis of dementia. The 08/27/23 (most recent) "FCS" identified R2 required physical assistance with bathing, dressing, toileting, and walking/mobility; was unable to perform management of medications and treatments; was occasionally incontinent of bladder; and was marked at risk for falls and	S5085		

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

TITLE

(X6) DATE

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S5085	Continued From page 1 impaired decision-making. R2's record lacked evidence of documentation of an "FCS" since 08/27/23 which was 431 days at the start of the survey and 66 days passed 365 days. The 08/27/23 (most recent) "Negotiated Service Agreement" (NSA) identified facility staff provided R2 physical assistance with bathing, dressing, toileting, transfers, and walking/mobility; facility staff provided management of medications and treatments and assisted with bladder incontinence; R2 used a wheelchair to prevent falls; and she had power of attorney (POA). On 10/31/24 at approximately at 12:09 PM Administrative Staff A confirmed R2's record lacked evidence of documentation a "FCS" was completed every 365 days. The operator failed to ensure designated staff completed an "FCS" for R2 every 365 days.	S5085		
S5116 SS=D	26-42-202 (d) NSA revisions (d) Each administrator or operator shall ensure the review and, if necessary, revision of each negotiated service agreement according to the following requirements: (1) At least once every 365 days;(2) following any significant change in condition, as defined in K.A.R. 26-39-100; (3) at least quarterly if the resident receives assistance with eating from a paid nutrition assistant; and (4) if requested by the resident or the resident ' s legal representative, staff, the case manager, or, if agreed to by the resident or the resident ' s	S5116		

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S5116	Continued From page 2 legal representative, the resident ' s family. This REQUIREMENT is not met as evidenced by: KAR 26-42-202(d)(1) The facility reported a census of five residents with three residents included in the sample. Based on interview and record review the operator failed to ensure the review and if necessary, revision of the "Negotiated Service Agreement" (NSA) for Resident (R) 2 every 365 days. Findings included: - Record review for R2 revealed an admission date of 08/18/21 with a diagnosis of dementia. The 08/27/23 (most recent) "Functional Capacity Screen" (FCS) identified R2 required physical assistance with bathing, dressing, toileting, and walking/mobility; was unable to perform management of medications and treatments; was occasionally incontinent of bladder; and was marked at risk for falls and impaired decision-making. The 08/27/23 (most recent) "NSA" identified facility staff provided R2 physical assistance with bathing, dressing, toileting, transfers, and walking/mobility; facility staff provided management of medications and treatments and assisted with bladder incontinence; R2 used a wheelchair to prevent falls; and she had power of attorney (POA). R2's record lacked evidence of documentation of	S5116		

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S5116	Continued From page 3 an "NSA" since 08/27/23 which was 431 days at the start of the survey and 66 days passed 365 days. On 10/31/24 at approximately at 12:09 PM Administrative Staff A confirmed R2's record lacked evidence of documentation an "NSA" was completed every 365 days. The operator failed to ensure the review and if necessary, revision of the "NSA" for R2 every 365 days.	S5116		
S5161 SS=E	26-42-204 (d) Health Care Services (d) The negotiated service agreement shall contain a description of the health care services to be provided and the name of the licensed nurse responsible for the implementation and supervision of the plan. This REQUIREMENT is not met as evidenced by: KAR 26-42-204(d) The facility reported a census of five residents with three residents included in the sample. Based on interview and record review the operator failed to ensure the resident's "Negotiated Service Agreements" (NSA) named the licensed nurse responsible for implementing and supervising their "Healthcare Service Plans" (HSP). Findings included: - Record review for R1 revealed an admission date of 03/08/21 with diagnoses of dementia and	S5161		

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S5161	Continued From page 4 diabetes mellitus. The 08/10/24 "Functional Capacity Screen" (FCS) identified R1 required physical assistance with bathing; was unable to perform management of medications and treatments; was occasionally incontinent of bladder; had short-term memory, memory/recall, and decision-making cognitive difficulties and was marked at risk for impaired vision and impaired decision-making. The 08/10/24 "NSA" identified facility staff would provide physical assistance with bathing; management of medications and treatments; assistance with bladder incontinence; she was independent with glasses for impaired for vision, and she had power of attorney (POA) for impaired decision-making. The "NSA" failed to describe the services she received for cognitive difficulties. R1's "NSA" failed to name the licensed nurse responsible for implementing and supervising her "HSP." - Record review for R2 revealed an admission date of 08/18/21 with a diagnosis of dementia. The 08/27/23 (most recent) "FCS" identified R2 required physical assistance with bathing, dressing, toileting, and walking/mobility; was unable to perform management of medications and treatments; was occasionally incontinent of bladder; and was marked at risk for falls and impaired decision-making. The 08/27/23 (most recent) "NSA" identified facility staff provided R2 physical assistance with bathing, dressing, toileting, transfers, and walking/mobility; facility staff provided	S5161		

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S5161	Continued From page 5 management of medications and treatments and assisted with bladder incontinence; R2 used a wheelchair to prevent falls; and she had a POA for impaired decision-making. R2's "NSA" failed to name the licensed nurse responsible for implementing and supervising his "HSP." - Record review for R3 revealed an admission date of 12/22/23 with a diagnosis of Alzheimer's disease. The 12/22/24 "FCS" identified R3 required physical assistance for bathing and dressing; was unable to perform management of medications and treatments; was occasionally incontinent of bladder; and was marked at risk for falls, impaired vision; and impaired decision-making. The 12/22/24 "NSA" identified facility staff provided R3 physical assistance with bathing and dressing; management of medications and treatments; assistance with bladder incontinence; she had a bed assist device attached to the side of her bed to prevent falls when getting in and out of bed; and had a POA for impaired decision-making. Services provided for impaired vision were not described on R3's NSA. R3's "NSA" failed to name the licensed nurse responsible for implementing and supervising her "HSP." On 10/31/24 at 12:41 PM Administrative Staff A confirmed the residents' "NSAs" failed to name the nurse responsible for implementing and supervising their "HSPs." The operator failed to ensure the residents' "NSAs" named the licensed nurse responsible for	S5161		

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S5161	Continued From page 6 implementing and supervising their "HCPs."	S5161		
S5171 SS=E	26-42-204 (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. This REQUIREMENT is not met as evidenced by: KAR 26-42-204(i) The facility reported a census of five residents with three included in the sample. Based on observation, interview, and record review the operator failed to ensure health care services were provided by qualified staff by 1) the failure to ensure a licensed nurse completed an assessment for the purpose to use a bed assist device, ability to use a bed assist device safely without risk of entrapment, and to confirm the bed assist device was not a restraint for Residents (R) 2 and R3; and 2) the failure to ensure a gap greater than 4.75 inches between the rails of the bed devices for R2 and R3 were covered to prevent entrapment. Findings included: - Record review for R2 revealed an admission date of 08/18/21 with a diagnosis of dementia. The 08/27/23 (most recent) "Functional Capacity Screen" (FCS) identified R2 required physical assistance with bathing, dressing, toileting, and walking/mobility; and was marked at risk for falls. The 08/27/23 (most recent) "Negotiated Service	S5171		

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S5171	Continued From page 7 Agreement" (NSA) identified facility staff provided R2 physical assistance with bathing, dressing, toileting, transfers, and walking/mobility; and R2 used a wheelchair to prevent falls. R2's record lacked evidence of documentation of an assessment for the purpose to use a bed assist device, ability to use a bed assist device safely without risk of entrapment, and to confirm the bed assist device was not a restraint for R2. Observation on 10/31/24 at 12:44 PM revealed R2's bed had a U-rail shaped bed assist device attached to one side that did not have a cover to prevent entrapment. On 10/31/24 at approximately 12:45 PM Administrative Staff A confirmed R2's record lacked evidence of documentation designated staff completed a bed assist device assessment and R2's bed had a U-rail shaped bed assist device attached to one side that did not have a cover to prevent entrapment. - Record review for R3 revealed an admission date of 12/22/23 with a diagnosis of Alzheimer's disease. The 12/22/24 "FCS" identified R3 required physical assistance for bathing and dressing and was marked at risk for falls. The 12/22/24 "NSA" identified facility staff provided R3 physical assistance with bathing and dressing and she had a bed assist device attached to the side of her bed to prevent falls when getting in and out of bed. R3's record lacked evidence of documentation of an assessment for the purpose to use a bed	S5171		

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S5171	Continued From page 8 assist device, ability to use a bed assist device safely without risk of entrapment, and to confirm the bed assist device was not a restraint for R3. Observation on 10/31/24 at 12:43 PM revealed R3's bed had a U-rail shaped bed assist device attached to one side that did not have a cover to prevent entrapment. On 10/31/24 at approximately 12:45 PM Administrative Staff A confirmed R3's record lacked evidence of documentation designated staff completed a bed assist device assessment and R3's bed had a U-rail shaped bed assist device attached to one side that did not have a cover to prevent entrapment. The operator failed to ensure health care services were provided by qualified staff by 1) the failure to ensure a licensed nurse completed an assessment for the purpose to use a bed assist device, ability to use a bed assist device safely without risk of entrapment, and to confirm the bed assist device was not a restraint for Residents (R) 2 and R3; and 2) the failure to ensure a gap greater than 4.75 inches between the rails of the bed devices for R2 and R3 were covered to prevent entrapment.	S5171			
S5313 SS=F	26-42-205 (g) (3) Over the counter medication (g) (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	S5313			

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S5313	Continued From page 9 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 26-42-205(g)(3) The facility reported a census of five residents. Based on observation and interview the operator failed to ensure a licensed pharmacist or licensed nurse placed the full names of the residents on the original packages of all over-the-counter (OTC) medications. Findings included: - Observation on 10/31/24 at 09:57 AM revealed the medication cart was unlocked and state surveyor was able to open all the drawers where the medications for the residents were stored. The following over-the-counter medications were not labeled with residents' full names: One bottle of Tums 330; chewable tablets One bottle of Vitamin D3 25 micrograms (mcg); 300 softgels Two bottles of calcium 600 milligrams (mg); 220 tablets One bottle of Myrbetriq 50 mg, 90 tablets One bottle of EPAQ krill oil; 60 softgels One bottle of Chondro-Flex; 90 capsules One bottle of Midocore; 60 capsules One box of Pepto Bismol Chewables; 30 tablets One bottle of Aspercreme with 4% lidocaine roll on; 2.5 ounces	S5313		

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S5313	Continued From page 10 One bottle of acetaminophen 500 mg; 250 caplets One bottle of Indigo Greens; 8.0 ounces On 10/31/24 at 10:17 AM Certified Medication Aide (CMA) B confirmed the OTC medications were not labeled with residents' full names. The operator failed to ensure all OTC medications were labeled with the residents' full names.	S5313		
S5315 SS=F	26-42-205 (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 home in a locked medication room, cabinet, or medication cart. Licensed nurses and medication aides shall store controlled medications managed by the home 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	S5315		

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S5315	Continued From page 11 recommended by the manufacturer or pharmacy provider may request that the medication be stored by the home. (4) A licensed nurse or medication aide shall not administer medication beyond the manufacturer ' s or pharmacy provider ' s recommended date of expiration. This REQUIREMENT is not met as evidenced by: KAR 26-42-205(h)(1) The facility reported a census of five residents. Based on observation and interview the operator failed to ensure facility staff kept the medication cart locked and failed to ensure only licensed nurses and medication aides had access to medications. Findings included: - Observation on 10/31/24 at 09:53 AM revealed a facility staff left the medication cart unlocked and unattended. On 10/31/24 at 09:57 the medication cart remained unlocked. Certified Medication Aide (CMA) B (only staff present) was in the kitchen preparing a breakfast meal for a resident. A resident ambulated independently passed the unlocked medication cart from the hallway to the dining area. State surveyor opened and shut all drawers to the medication cart. On 10/31/24 at 10:17 AM CMA B confirmed she left the medication unlocked and locked it. The operator failed to ensure facility staff kept the	S5315		

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S5315	Continued From page 12 medication cart locked and failed to ensure only licensed nurses and medication aides had access to medications.	S5315		
S5335 SS=F	28-39-437 Construction (a) Each home-plus 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. This REQUIREMENT is not met as evidenced by: KAR 28-39-437(a) The facility reported a census of five residents. Based on observation and interview the operator failed to ensure the building was maintained to protect the health and safety of the residents by ensuring all chemicals were stored within a locked area. Findings included: - Observation on 10/31/24 at approximately 10:10 AM revealed the door to the laundry area was unlocked. The following chemicals were in the laundry area with labels that read "Keep out of reach of children:" One bottle of Shout Triple Acting Spray; 22 ounces (oz) One bottle of Radiance Bathroom Cleaner with	S5335		

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S5335	Continued From page 13 Bleach; 32 oz spray bottle One bottle of Hoover Carpet Cleaner; 64 oz One bottle of Great Value glass cleaner; 32 oz spray bottle One bottle of Pine Glo Kitchen and Bathroom Cleaner and Disinfectant; 40 oz On 10/31/24 at approximately 10:33 AM Administrative Staff A confirmed the chemicals were not in a locked area. The operator failed to ensure the building was maintained to protect the health and safety of the residents by ensuring all chemicals were stored within a locked area.	S5335		