

Kansas Department on Aging

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: N046085	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____	(X3) DATE SURVEY COMPLETED 12/18/2024
NAME OF PROVIDER OR SUPPLIER WESTCHESTER VILLAGE OF LENEXA		STREET ADDRESS, CITY, STATE, ZIP CODE 8505 PFLUMM ROAD LENEXA, KS 66215		
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S 000	INITIAL COMMENTS The following represent the findings of a resurvey for the above named assisted living facility conducted on 12/17/24 and 12/18/24.	S 000		
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. This REQUIREMENT is not met as evidenced by: KAR 26-41-204(i) The facility reported a census of 33 residents with three included in the sample. Based on observation, interview, and record review the administrator failed to ensure a licensed nurse completed an assessment of bed assist devices to prevent risk of entrapment for Resident (R) 1 and R3. The administrator further failed to ensure no gap was greater than 4.75 inches between the rails of a bed assist device. Findings included: - Record review for R1 revealed an admission date of 08/09/24 with diagnoses of failure to thrive and muscle weakness. The 12/03/24 Functional Capacity Screen (FCS) identified R1 was independent with transfers and was marked for falls.	S3171		

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

TITLE

(X6) DATE

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S3171	Continued From page 1 The 12/03/24 Negotiated Service Agreement (NSA) identified R1 was independent with transfers. The 12/03/24 Health Service Plan (HSP) identified R1 changed to a two-wheeled walker, family obtained a reacher, and staff reminded R1 to use call light system to prevent falls. R1's record contained a bed assist device assessment that lacked evidence of documentation of no unsafe zones of entrapment. Observation on 12/18/24 at 11:55 AM revealed a bed assist device was attached to the right side of R1's bed. There was a gap between the rails of the bed assist greater than 4.75 inches that lacked a cover to prevent entrapment between the rails. On 12/18/24 at 11:40 AM Administrative Staff A confirmed R1's bed assistive device had zone of entrapment greater than 4.75 inches. - Record review for R3 revealed an admission date of 09/09/23 with diagnoses of insomnia and urinary incontinence. The 10/14/24 FCS identified R3 was independent with transfers and was marked for falls. The 10/14/24 NSA identified R3 was independent with transfers. The 10/14/24 HSP identified R3 has side rail to left and right side of bed and is able to	S3171		

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S3171	Continued From page 2 self-transfer. R1's record contained a bed assist device assessment that lacked evidence of documentation of no unsafe zones of entrapment. Observation on 12/18/24 at 11:32 AM revealed a bed assist device was attached to the left and right sides of R3's bed. There was approximately a 6-inch gap between the rails of the bed assist on the right side of the bed and approximately 5.5 inch gap in the bed assist device on left side that lacked a cover to prevent entrapment between the rails. On 12/18/24 at approximately 11:15 AM R4 stated she used the bed assist device to help her get and in and out of bed. On 12/18/24 at approximately 11:37 AM Administrative Nurse B confirmed R3's bed assistive device assessment lacked documentation of no zones of entrapment. On 12/18/24 at approximately 11:41 AM Administrative Staff A confirmed R3's bed assistive device had zones of entrapment greater than 4.75 inches. The administrator failed to ensure a licensed nurse completed an assessment of bed assist devices to prevent risk of entrapment for Resident (R) 1 and R3. The administrator further failed to ensure no gap was greater than 4.5 inches between the rails of bed assist devices.	S3171		

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S3211	Continued From page 3	S3211		
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 the medication container. This REQUIREMENT is not met as evidenced by: KAR 26-41-205(g)(3) The facility reported a census of 33 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 34 over-the-counter (OTC) medications in the residents' rooms. Findings included: - Observation on 12/18/24 at 10:53 AM in R1's room revealed the refrigerator, a kitchen cabinet, and two bathroom cabinets contained the following OTC medications were not labeled with residents' full names:	S3211		

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S3211	Continued From page 4 One bottle fish oil 1200 milligram (mg), 230 softgels One bottle Imodium, 8 fluid ounces One bottle calcium carbonate 750 mg, 140 chewable tablets One bottle milk of magnesia 1200mg in 15 milliliters, 26 fluid ounces Two bottles Pepto bismol 325mg in 30ml, 354ml bottles One bottle acetaminophen 500mg, 400 gel caps One box dextromethorphan hydrobromide 10mg/guaifenesin 200mg, 20 liquid gels One box diphenhydramine 25mg, 24 tablets One box guaifenesin 1200mg/pseudoephedrine hydrochloride 120mg, 24 extended-release tablets One roll on bottle biofreeze, 3 fluid ounces Two bottles Systane Ultra eye drops, 10ml Two bottles saline nasal spray, 44 milliliters One bottle acetaminophen 500mg, 50 caplets One tube mouth sore relief gel, 11.9 grams One tube triamcinolone acetonide 0.1%, 7.5 grams One box menthol cough lozenges 10 mg, 38 lozenges One box carboxymethylcellulose sodium 0.5%, 30 single use vials One container Vicks VapoRub, 1.76 ounces One bottle Vitamin B 12 with sticky note taped that read magnesium One bottle One a day vitamin, 300 tablets One bottle centrum silver supplements, 275 tablets One bottle Cranberry 500mg, 60 capsules One bottle aspirin 81mg, 300 enteric coated tablets One bottle polyethylene glycol 3350, 8.3 ounces	S3211		

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S3211	Continued From page 5 On 12/18/24 at approximately 11:32 AM Administrative Nurse B confirmed the OTC medications were not labeled with a residents' full name. - Observation on 12/18/24 at 11:20 AM in R2's room revealed a locked cabinet, unlocked by Administrative Nurse B, contained the following OTC medications were not labeled with resident's full name: One bottle AREDS 2 preservative eye vitamin and mineral supplement, 210 softgels One bottle acetaminophen 500 mg, 100 caps One bottle docusate sodium 100mg, 400 softgels One bottle acetaminophen 650 mg, 325 tabs One bottle folic acid 400 mcg, 250 tablets One bottle vitamin C 500mg, 200 tablets On 12/18/24 at approximately 11:25 AM Administrative Nurse B confirmed the OTC medications were not labeled with a residents' full name. - Observation on 12/18/24 at 11:14 AM in R3's room revealed a locked cabinet, unlocked by Administrative Nurse B, contained the following OTC medication was not labeled with resident's full name: One bottle vitamin B12 1000 international units, 200 tablets On 12/18/24 at approximately 11:18 AM Administrative Nurse B confirmed the OTC medication was not labeled with a residents' full name.	S3211		

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S3211	Continued From page 6 The facility's "Medication Management-K.A.R. 26-42-205" policy dated 12/2024 stated a licensed pharmacist or licensed nurse would place the resident's first and last name on the medication package. The administrator failed to ensure a licensed pharmacist or licensed nurse placed the full names of residents on the original packages of 34 OTC medications.	S3211		
S3215 SS=E	26-41-205 (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 facility in a locked medication room, cabinet, or medication cart. Licensed nurses and medication aides shall store controlled medications managed by the facility 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	S3215		

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S3215	Continued From page 7 and is unable to provide proper storage as recommended by the manufacturer or pharmacy provider may request that the medication be stored by the facility. (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 26-41-205(h) The facility reported a census of 33 residents. Based on observation and interview the administrator failed to ensure medications were stored in accordance with each manufacturer's recommendations or those of federal and state laws and regulations. Findings included: - Observation on 12/18/24 at 10:53 AM in R1's room revealed the refrigerator, a kitchen cabinet, and two bathroom cabinets contained the following medications were expired: One bottle fish oil 1200 milligram (mg), 230 softgels with manufacturer's expiration date of 08/2024 One bottle Imodium, 8 fluid ounces with manufacturer's expiration date of 11/2017 One bottle calcium carbonate 750 mg, 140 chewable tablets with manufacturer's expiration date of 02/2018 One bottle milk of magnesia 1200mg in 15	S3215		

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S3215	Continued From page 8 milliliters, 26 fluid ounces with manufacturer's expiration date of 06/2024 One bottle saline nasal spray, 44 milliliters with manufacturer's expiration date of 06/2009 One bottle acetaminophen 500mg, 50 caplets with manufacturer's expiration date of 03/2002 One container Vicks VapoRub, 1.76 ounces with manufacturer's expiration date of 09/2023 One bottle One a day vitamin, 300 tablets with manufacturer's expiration date of 02/2024 One bottle centrum silver supplements, 275 tablets with manufacturer's expiration date of 06/2024 On 12/18/24 at approximately 11:32 AM Administrative Nurse B confirmed the medications were expired. - Observation on 12/18/24 at 10:53 AM in R1's room revealed the refrigerator contained three boxes of Repatha 140mg/milliliter with two pens in each box located in an unlocked drawer. On 12/18/24 at approximately 11:32 AM Administrative Nurse B confirmed the medications were not located in a locked cabinet or medication room. - Observation on 12/18/24 at 11:14 AM in R3's room revealed an unlocked cabinet which contained one bottle vitamin B12 1000 international units, 200 tablets with manufacturer's expiration date of 12/2023. On 12/18/24 at approximately 11:18 AM Administrative Nurse B confirmed the cabinet was unlocked and one medication was expired.	S3215		

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S3215	Continued From page 9 The facility's "Medication Management-K.A.R. 26-42-205" policy dated 12/2024 stated licensed nurses and medication aides would ensure all medications and biologicals were securely and properly stored per manufacturer recommendations, pharmacy recommendations, federal or state law and regulation. The administrator failed to ensure medications were stored in accordance with each manufacturer's recommendations or those of federal and state laws and regulations.	S3215		
S3320 SS=F	28-39-254 CONSTRUCTION (a) The assisted living facility or residential health care 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. (c) New construction, modifications and equipment shall conform to the following codes and standards: (1) Title III of the Americans with disabilities act, 42 U.S.C. 12181, effective as of January 26, 1992; and (2) "Food Service Sanitation Manual," health, education, and welfare (HEW) publication	S3320		

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S3320	Continued From page 10 no. FDA 78-2081, as in effect on July 1, 1981. This REQUIREMENT is not met as evidenced by: KAR 28-39-254(a) The facility reported a census of 33 residents. Based on observation and interview the administrator failed to ensure the facility was maintained to protect the health and safety of the residents and visitors by ensuring all chemicals were stored within locked areas. Findings included: - Observation on 12/17/24 at 11:42 AM of the first-floor public bathroom revealed an unlocked cabinet that contained one aerosol can of seven-ounce air freshener with label that said, "Keep out of reach of children." On 12/17/24 at approximately 11:43 AM Administrative Staff A confirmed chemicals were not stored in locked areas. - Observation on 12/17/24 at 11:45 AM of unlocked first floor laundry room revealed two cans Old English, one 32 fluid ounce spray bottle of 256works cleaner, two 160 sheet boxes dryer sheets, with labels that said, "Keep out of reach of children." On 12/17/24 at approximately 11:46 AM Administrative Staff A confirmed chemicals were not stored in locked areas. - Observation on 12/17/24 at 12:06 PM of	S3320		

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S3320	Continued From page 11 second floor laundry room with propped open door revealed one 32 fluid ounce spray bottle of 256works cleaner, two 160 sheet boxes dryer sheets, one gallon container of foaming carpet cleaner, and one gallon of bio-suds detergent with labels that said, "Keep out of reach of children." On 12/17/24 at approximately 12:10 PM Administrative Staff A confirmed chemicals were not stored in locked areas. - Observation on 12/17/24 at 12:43 PM of unlocked cabinet below drinking dispenser revealed two 20-ounce aerosol cans of glass cleaner with labels that said, "Keep out of reach of children." On 12/17/24 at approximately 12:45 PM Administrative Staff A confirmed chemicals were not stored in locked areas. The administrator failed to ensure the building was maintained to protect the health and safety of the residents and visitors by ensuring all chemicals were stored within locked areas.	S3320		