

Kansas Department on Aging

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: N046092	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____	(X3) DATE SURVEY COMPLETED 02/19/2025
NAME OF PROVIDER OR SUPPLIER THE HEALTHCARE RESORT OF OLATHE		STREET ADDRESS, CITY, STATE, ZIP CODE 21250 WEST 151ST STREET 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 represents the findings of a resurvey with attached complaint #183871 and 190205 at the above named assisted living facility conducted on 02/17/25-02/19-25.	S 000		
S3101 SS=E	26-41-202 (h) NSA Signatures (h) Each individual involved in the development of the negotiated service agreement shall sign the agreement. The administrator or operator shall ensure that a copy of the initial agreement and any subsequent revisions are provided to the resident or the resident's legal representative. This REQUIREMENT is not met as evidenced by: KAR 26-41-202(h) The facility reported a census of 30 residents with three residents included in the sample and three abbreviated closed record reviews. Based on interview and record review the operator failed to ensure that each individual involved in the development of the Negotiated Service Agreement (NSA) signed the agreement for Resident (R) 1, R2, and R3. Findings included: - Record review for R1 revealed an admission date of 10/22/21 with a diagnosis of dementia. The 12/30/24 Functional Capacity Screen (FCS) identified R1 required physical assistance with	S3101		

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

TITLE

(X6) DATE

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S3101	Continued From page 1 management of medications and treatments and had short-term memory, long-term memory, memory recall, and decision-making difficulties. The current, undated facility's combined Negotiated Service Agreement and Healthcare Service Plan (NSA/HSP) identified facility staff ordered and administered all but two medications and provided encouragement, reassurance and sometimes intervention with cognition difficulties. The NSA/HSP signature sheet lacked signature by operator or licensed nurse for 12/30/24. On 02/17/25 at 04:15 PM Administrative Staff B stated the FCS and NSA/HSP are done at the same time involving herself and a nurse. On 02/18/25 at 08:20 AM Administrative Nurse C confirmed R1's NSA/HSP signature sheet does not include operator or nurse signatures for 12/30/24. - Record review for R2 revealed an admission date of 03/13/20 with a diagnosis of cerebral infarction. The 02/04/25 FCS identified R2 required physical assistance with bathing, management of medications and treatments; and had short-term memory, memory recall, and decision-making difficulties. The current, undated facility's combined NSA/HSP identified facility staff provided physical assistance with bathing twice a week and management of medications and treatments. The NSA/HSP failed to list services provided for	S3101		

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S3101	Continued From page 2 cognition difficulties. The NSA/HSP signature sheet lacked signature by operator or licensed nurse for 02/04/25. On 02/17/25 at 04:15 PM Administrative Staff B stated the FCS and NSA/HSP are done at the same time involving herself and a nurse. On 02/18/25 at 08:20 AM Administrative Nurse C confirmed R2's NSA/HSP signature sheet does not include operator or nurse signatures for 02/04/25. - Record review for R3 revealed an admission date of 01/29/25 with diagnoses of difficulty in walking, obesity, unsteadiness on feet, and need for assist with personal care. The 01/29/25 FCS identified R3 required physical assistance with bathing and supervision with management of treatments. The current, undated facility's combined NSA/HSP identified facility staff provided physical assistance with bathing twice a week and facility nurse or Certified Medication Aide provided management of treatments. The NSA/HSP signature sheet lacked signature by a licensed nurse for 01/29/25. On 02/17/25 at 04:15 PM Administrative Staff B stated the FCS and NSA/HSP are done at the same time involving herself and a nurse. On 02/18/25 at 08:20 AM Administrative Nurse C confirmed R3's NSA/HSP signature sheet does	S3101		

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S3101	Continued From page 3 not include a nurse signature for 01/29/25. On 02/18/25 at 09:15 AM Administrative Nurse C confirmed the facility's policy and procedure manual failed to include a policy regarding NSA or HSP. The operator failed to ensure that each individual involved in the development of the NSA signed the agreement for R1, R2, and R3.	S3101		
S3166 SS=E	26-41-204 (e) Delegation of Duties (e) A licensed nurse may delegate nursing procedures not included in the nurse aide or medication aide curriculums to nurse aides or medication aides, respectively, under the Kansas nurse practice act, K.S.A. 65-1124 and amendments thereto. This REQUIREMENT is not met as evidenced by: KAR 26-41-204(e) The facility reported a census of 30 residents. Based on interview and record review the operator failed to ensure Certified Medication Aides (CMA) were trained and completed competencies for delegated nursing procedures to include preparation of insulin pens for injection which has the potential to affect all residents receiving insulin. Findings included:	S3166		

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S3166	Continued From page 4 - Review of Certified Medication Aide (CMA) D's employee record revealed a hire date of 01/30/24. The employee record lacked evidence of documentation of skills competency for preparation of insulin pens for injection. On 02/17/25 at 12:02 PM, during entrance interview, Administrative Staff B confirmed the CMA's prepared insulin pens with putting on the needle and dialing up the correct dose of medication. On 02/17/25 at 03:00 PM CMA E and CMA F confirmed they had not signed a competency recently which would be considered periodic evaluation. The facility's "Insulin, Administration" policy dated 03/2009 failed to specify what tasks are required by a licensed nurse and what tasks could be completed by a CMA. It further failed to instruct staff on what to do with an insulin pen. The department's 06/02/09 "Delegation of Nursing Tasks to Medication Aides and Nurse Aides Position Statement" documented the following: "(f) The designated nurse aide or medication aide to whom the nursing task is delegated shall be adequately identified by name, in writing, for each delegated task. (g) The licenses nurse shall orient and instruct the nurse aide or medication aide in the performance of the nursing task. The nurse aide's or medication aide's demonstration of the competency necessary to perform the delegated task shall be documented in writing. The	S3166		

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S3166	Continued From page 5 designated nurse aide or medication aide shall co-sign the documentation indicating the person's concurrence with this competency evaluation. (h) The licensed nurse will: (1) be accountable and responsible for the delegated nursing task; (2) participate in periodic and joint evaluations of the services rendered; (3) record and monitor recorded services; and (4) adequately supervise the performance of the delegated nursing task ..." The operator failed to ensure CMAs were trained and completed competencies for delegated nursing procedures to include preparation of insulin pens for injection.	S3166		
S3310 SS=F	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	S3310		

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S3310	Continued From page 6 This REQUIREMENT is not met as evidenced by: KAR 26-41-207(c) The facility reported a census of 30 residents. Based on interview and record review the operator failed to ensure the facility remained in compliance with the department's tuberculosis (TB) guidelines for adult care homes adopted by reference in KAR 26-39-105 for one of one newly hired staff. Findings included: - Review of Certified Medication Aide (CMA) L's employee record revealed a hire date of 01/30/24 and lacked evidence of documentation of TB testing. On 02/17/25 at 03:35 PM Administrative Staff B confirmed CMA D's record lacked evidence of documentation of TB testing. The June 2013 department's "Tuberculosis (TB) Guidelines for Adult Care Homes" documented each new employee and each new resident shall receive a two-step TB skin test within seven days of employment or admission. On 02/18/25 at 09:15 AM Administrative Nurse C confirmed the policy and procedure manual included the "Tuberculosis (TB) Guidelines for Adult Care Homes" with no other "TB" policy. The operator failed to ensure the facility remained in compliance with the department's tuberculosis guidelines for adult care homes	S3310		

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S3310	Continued From page 7 adopted by reference in KAR 26-39-105.	S3310			