

Kansas Department on Aging

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: B046054	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____	(X3) DATE SURVEY COMPLETED 05/13/2025
NAME OF PROVIDER OR SUPPLIER SENIORCARE HOMES VINEYARD HOUSE		STREET ADDRESS, CITY, STATE, ZIP CODE 7611 W 98TH TERRACE 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 194633 and 188722 for the above named facility conducted on 05/13/25.	S 000		
S5171 SS=D	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: K.A.R. 26-42-204 (i) The facility reported a census of 9 residents. The sample included 3 "Residents" (R)'s 1, 2, 3, and one closed record review for R4. Based on observation, interview, and record review the Operator failed to ensure health care services were provided to R2 within professional standards of practice when the facility "Certified Medication Aide" CMA used the Stand Up Lift Device as a way to transport R2 from her room to the homes bathroom approximately 12 feet, when the warning label on the device stated "not a transport device" . Findings included: - Record review for R2 revealed an admission date of 08/16/24 with diagnoses of hemiplegia and hemiparesis following a cerebral infarction affecting the right side.	S5171		

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

TITLE

(X6) DATE

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S5171	Continued From page 1 Review of R2's "Functional Capacity Screen" (FCS) dated 08/16/24 revealed R2 required physical assistance with bathing, dressing, toileting, and transferring. R2 was unable to perform any part of the task of walking and used a wheelchair mobility device. R2 lacked the ability to manage her own medications/medical treatments and had impaired short-term memory and impaired decision making. R2 was able to make herself understood and she understood others. Review of R2's "Negotiated Service Agreement" (NSA) dated 08/16/24 identified facility "Certified Medication Aide" (CMA) or "Certified Nurse Aide" (CNA) would provide a one person assist with transferring R2. R2 could "Pull up to stand using grab bar and left hand only". Review of R2's "Health Service Plan" (HSP) dated 08/16/24 instructed facility staff to use a "Gait Belt" and one staff assistance for transferring. R2 "uses the grab bar to pull up in the bathroom. Staff may use the "sit to stand" to transfer R2 on as needed basis. Review of R2's "Observation Notes" revealed the following entries; On 05/12/25 at 12:35 PM that stated the facility staff reported to the nurse that R2 was having increased urination frequency and was weaker than "normal". The "Nurse Practitioner" (NP) was notified. On 05/13/25 R2's family member was notified of the new order for a urine sample to be collected due to R2's increased weakness and increased	S5171		

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S5171	Continued From page 2 urinary frequency. Observation on 05/13/25 at approximately 08:00 AM of R2 being pushed in the mechanical "sit to stand" lift from her room to the bathroom. Approximately 12 feet from her bed. Interview on 05/13/25 at approximatley 03:00 PM with LN C confirmed the mechanical lifts were not do be used to transport residents from one room to another. Review of the facility provided "User Manual" titled "Stand Up Patient Lift", on page 6 revealed the following information; "Warning label location on the device". Printed on the label was the following; the Stand Up Patient Lift "is not a transport device". The Operator failed to ensure health care services were provided to R2 within professional standards of practice when the facility "Certified Medication Aide" CMA used the Stand Up Lift Device as a way to transport R2 from her room to the homes bathroom approximately 12 feet, when the warning label on the device stated to "not a transport device" .	S5171		
S5315 SS=E	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	S5315		

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S5315	Continued From page 3 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 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: K.A.R. 26-42-205 (h) (1) The facility reported a census of 9 residents. The sample included 3 "Residents" (R)'s, and one closed record review. Based on observation and interview the Operator failed to ensure the "Licensed Nurse"(LN) or the "Certified Medication Aide" (CMA) stored all non-controlled medications managed by the home in a locked	S5315		

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S5315	Continued From page 4 medication room, cabinet, or medication cart. Findings included: - Observation 05/13/25 at approximately 08:00 AM of the locked facility medication cart located in the northeast corner of the common dining room, on the top of the cart was a tube of Diclofenac Sodium Gel. - Observation on 05/13/25 at approximately 1010 AM in the bathroom located on the southeast end of the home, on the top shelf behind the toilet was a tube of Remedy Zinc Oxide paste that lacked the full name of the resident. - Observation on 05/13/25 in R3's room was a tube of Remedy Zinc Oxide paste that lacked the full name of the resident. - Interview on 05/13/25 at approximately 03:00 PM with LN B C confirmed the lack of the names on the tubes of Remedy Zinc paste and all over the counter medications managed by the facility were to be in the locked medication cart. - The Operator failed to ensure the LN or the CMA stored all non-controlled medications managed by the home in a locked medication room, cabinet, or medication cart.	S5315		