

Kansas Department on Aging

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: N046033	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____	(X3) DATE SURVEY COMPLETED 05/14/2018
NAME OF PROVIDER OR SUPPLIER THE FORUM AT OVERLAND PARK		STREET ADDRESS, CITY, STATE, ZIP CODE 3501 W 95TH ST OVERLAND PARK, KS 66206		
(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 are the result of a licensure re-survey conducted at the above named residential care facility in Overland Park , KS on 5/9/18, 5/10/18 and 5/14/18	S 000		
S3085 SS=E	26-41-202 (a) Negotiated Service Agreement (a) The administrator or operator of each assisted living facility or residential health care facility shall ensure the development of a written negotiated service agreement for each resident, based on the resident ' s functional capacity screening, service needs, and preferences, in collaboration with the resident or the resident ' s legal representative, the case manager, and, if agreed to by the resident or the resident ' s legal representative, the resident ' s family. The negotiated service agreement shall provide the following information: (1) A description of the services the resident will receive; (2) identification of the provider of each service; and (3) identification of each party responsible for payment if outside resources provide a service. This REQUIREMENT is not met as evidenced by: KAR 26-41-202 (a) The facility census equaled 29 the sample included 3 residents. Based on record review and interview for 3 of 3 residents (#509, 510, 511), the administrator failed to ensure the Negotiated Service Agreement (NSA) completed for residents who required health care services, is done in collaboration with the resident or the	S3085		

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

TITLE

(X6) DATE

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S3085	Continued From page 1 resident's legal representative, provided a description of the services the resident shall receive, identified the provider of each service and identified each party responsible for payment if outside resources provide a service. Findings included: - Record review for resident #509 recorded admission date of 2/21/18 with diagnoses of: chronic obstructive pulmonary disease, congestive heart failure, hypertension, hyperlipidemia and gastroesophageal reflux disease. Functional Capacity Screen (FCS) dated 2/27/18 recorded resident required assistance with bathing and dressing and independent with medications and treatments Negotiated Service Agreement/ Health Care Service Plan (NSA/HCSPP) dated 2/27/18 recorded Hospice agency bath aide to assist with bathing and staff to assist resident with support stockings. Resident wears continuous oxygen [provider name and address] resident assistant (RA) responsible. Caregiver to obtain doctor's orders. Resident self-administers medications set up by resident's family. Observation on 5/10/18 at 9:37am in resident's room, revealed resident wearing oxygen by nasal cannula from an oxygen concentrator. NSA/HCSPP lacked the name of the hospice agency and party responsible for payment of outside services for oxygen and hospice services.	S3085		

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S3085	Continued From page 2 Interview on 5/10/18 at 12:00pm with licensed nurse #B confirmed NSA/HCSP lacked entries for the party responsible for payment of outside services for hospice and oxygen. Record review for resident # 510 recorded an admission date of 5/17/17 with diagnoses of: diabetes mellitus type 2, depression, hypothyroidism, dementia, pneumonia, low back pain, chronic kidney disease stage 3 and history of falling. FCS dated 5/15/17 recorded resident is unable to perform management of medications and treatments. NSA/HCSP dated 5/15/17 recorded caregiver will administer pain medications per doctor's orders and staff to monitor blood sugars before meals and at bedtime. May 2018 Medication/ treatment administration record (MAR/TAR) recorded 17 medications administered to resident by facility staff (excluding pain medications). NSA/HCSP lacked entry for staff administration of medications and treatments Record review for resident #511 recorded admission date of 3/29/18 with diagnoses of: Parkinson's, muscle weakness, difficulty walking, cognitive communication deficit, hypertension and hypokalemia.	S3085		

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S3085	Continued From page 3 FCS dated 3/28/18 recorded resident required assistance with bathing and is unable to perform management of medications and treatments. NSA/HCSP dated 3/28/18 recorded resident to receive physical assistance with bathing, resident assistant responsible. Observation no 5/10/18 at 11:20am in resident's room revealed a bed cane attached to the left side of the bed. NSA/HCSP lacked entries for administration and management of medications and treatments and resident use of a bed cane. Interview on 5/10/18 at 12:00pm with licensed nurse #B confirmed NSA/HCSP lacked entries for all residents who receive medication and treatment assistance (25 of 29 per resident roster) because "It (computer program) doesn't print out the medications section." He/she confirmed NSA/HCSP lacked entry for resident #511 use of a bed cane. For 25 of 29 residents as evidenced by residents #510 and 511, the administrator failed to ensure the Negotiated Service Agreement (NSA) completed for residents who required health care services, provided a description of the services the resident shall receive, identified the provider of each service and identified each party responsible for payment if outside resources provide a service	S3085		

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S3101 SS=F	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 census equaled 29 residents. The sample included 3 residents. Based on record review and interview for 3 (#509, 510, 511) of 3 residents sampled, the administrator failed to ensure that each individual involved in the development of the negotiated service agreement (NSA) signed the agreement and failed to ensure that a copy of the initial agreement and any subsequent revisions are provided to the resident or the resident's legal representative. Findings included: - Record review for resident #509 recorded admission date of 2/21/18 with diagnoses of: chronic obstructive pulmonary disease, congestive heart failure, hypertension, hyperlipidemia and gastroesophageal reflux disease.	S3101		

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S3101	Continued From page 5 Functional Capacity Screen (FCS) dated 2/27/18 recorded resident required assistance with bathing and dressing. Negotiated Service Agreement/ Health Care Service Plan (NSA/HCSP) dated 2/27/18 recorded Hospice agency bath aide to assist with bathing and staff to assist resident with support stockings. NSA/HCSP recorded resident signature only. The NSA/HCSP lacked the signature of each individual (the facility representative) involved in the development of the negotiated service agreement (NSA). Record review for resident # 510 recorded an admission date of 5/17/17 with diagnoses of: diabetes mellitus type 2, depression, hypothyroidism, dementia, pneumonia, low back pain, chronic kidney disease stage 3 and history of falling. FCS dated 5/15/17 recorded resident is unable to perform management of medications and treatments. NSA/HCSP dated 5/15/17 recorded caregiver will administer pain medications per doctor's orders and staff to monitor blood sugars before meals and at bedtime. NSA/HCSP recorded resident signature only.	S3101		

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S3101	Continued From page 6 Record review for resident #511 recorded admission date of 3/29/18 with diagnoses of: Parkinson's, muscle weakness, difficulty walking, cognitive communication deficit, hypertension and hypokalemia. FCS dated 3/28/18 recorded resident required assistance with bathing and is unable to perform management of medications and treatments. NSA/H CSP dated 3/28/18 recorded resident to receive physical assistance with bathing. Interview on 5/10/18 at 12:00pm with licensed nurse #B confirmed he/she developed all the NSA/H CSP with the residents and it all lacked his/her signature. He/she stated a copy of the agreement is given to the resident/family "if they request one." For all residents of the facility, the administrator failed to ensure that each individual involved in the development of the negotiated service agreement (NSA) signed the agreement and failed to ensure that a copy of the initial agreement and any subsequent revisions are provided to the resident or the resident's legal representative.	S3101		
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	S3211		

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S3211	Continued From page 7 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 29 residents. The sample included 3 residents. The resident roster identified 25 of 25 residents as receiving medication management. Based on observations and interviews for 25 of 29 residents, the administrator failed to ensure a licensed nurse or licensed pharmacist placed the full name of the resident on packages of over-the-counter medications. Findings included: - Observation on 5/9/18 at 2:50pm during facility tour of assisted living unit medication cart, revealed in the 3rd drawer 53 bottles and boxes of over the counter medications (lacked resident names) including: Oyster Calcium plus D (supplement) 250mg	S3211		

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S3211	Continued From page 8 (milligram) 100 tablet bottle Sun Mark Fiber Laxative (bowel management) 100 tablet bottle. Geri Care Extra strength pain reliever (pain/fever) 500mg, 100 tablet bottle. Interview on 5/9/18 at 2:50pm with certified staff #D and #E confirmed the medications are "stock" and are used for all assisted living residents on medication management as it is "included in their rate." For 25 of 29 residents, the administrator failed to ensure a licensed nurse or licensed pharmacist placed the full name of the resident on packages of over-the-counter medications.	S3211		
S3280 SS=F	26-41-104 (d) Disaster and Emergency Preparedness (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.	S3280		

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S3280	Continued From page 9 This REQUIREMENT is not met as evidenced by: KAR 26-4-104(d)(3) The census equaled 29 residents; the sample included 3 residents. Based on interviews and review of records, for all residents, the administrator failed to ensure disaster and emergency preparedness when the administrator failed to ensure quarterly review of the facility's emergency management plan with staff and residents. Findings included: - On 5/10/18 at 9:05am reviewed facility in-services on disaster preparedness for 2017 and 2018. Facility records revealed an all staff review of the facility disaster plan on 4/27/18 and an all facility tornado drill with staff and residents on 4/13/18. Interview on 5/10/18 at 9:55am with administrative staff #C stated the facility disaster management plan is reviewed with staff upon hire and residents upon admission. He/she confirmed facility has not conducted an evacuation drill of staff and residents and quarterly reviews of the facility's disaster management plan has not been conducted quarterly with staff and residents.	S3280		

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S3280	Continued From page 10 For all residents of the facility, the administrator failed to ensure disaster and emergency preparedness when the administrator failed to ensure quarterly review of the facility's emergency management plan with staff and residents.	S3280		