

Kansas Department on Aging

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: N046035	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____	(X3) DATE SURVEY COMPLETED 02/04/2019
NAME OF PROVIDER OR SUPPLIER AVONLEA COTTAGE OF OLATHE		STREET ADDRESS, CITY, STATE, ZIP CODE 625 LINCOLN AVENUE 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 citations are the result of a Licensure Resurvey at the above named Assisted Living Facility in Olathe, Kansas on 01/28/19, 01/29/19, 01/30/19, 01/31/19, and 02/04/19. Complaints #135543 and #134014 also investigated.	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 census equalled 30 the sample included three Residents. Based on interviews, and reviews of records, for two of three sampled (#185 and #187), the Operator failed to ensure the negotiated service agreement (NSA) included	S3085		

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

TITLE

(X6) DATE

Kansas Department on Aging

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: N046035	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____	(X3) DATE SURVEY COMPLETED 02/04/2019
NAME OF PROVIDER OR SUPPLIER AVONLEA COTTAGE OF OLATHE		STREET ADDRESS, CITY, STATE, ZIP CODE 625 LINCOLN AVENUE 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
S3085	Continued From page 1 a description of service the Resident would receive. Findings included: - Review of record revealed #185 admitted 7/16/17 with diagnoses of hypertension, hyperlipidemia, diabetes, coronary artery disease, overactive bladder, dizziness, and declining functional status. Current functional capacity screen (FCS) dated 7/16/18 assessed #185 in need of physical assistance with bathing, independent with dressing, toileting, transfers, mobility; unable to perform medication and treatment management; with short term memory, decision making and memory recall impairments; with falls/unsteadiness, hearing and vision impairments, used a walker. On 01/30/19 at 1:00pm facility nurse #C confirmed #185's status had declined since 7/16/18... although the care plan revised in October 2018 right before I came, the FCS was not revised by the previous nurse to reflect the changes... confirmed physical assistance needed for bathing, dressing at times, toileting at times, mobility; supervision with transfers, and #185 now used a wheelchair instead of a walker. Current negotiated service agreement dated 7/20/18 included bathing assistance and medication management. An addendum to the NSA dated 11/08/18 included home health services for physical therapy, occupational therapy, and skilled nursing. The NSA lacked a description of the skilled nursing services (treatment of open coccyx area). The NSA lacked a description of the services the	S3085		

Kansas Department on Aging

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: N046035	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____	(X3) DATE SURVEY COMPLETED 02/04/2019
NAME OF PROVIDER OR SUPPLIER AVONLEA COTTAGE OF OLATHE		STREET ADDRESS, CITY, STATE, ZIP CODE 625 LINCOLN AVENUE 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
S3085	Continued From page 2 facility staff to provide to aid the healing of the coccyx area (repositioning, chair cushions, protective bandages, increased nutrition sources, etc. On 01/30/19 at 1:00pm facility nurse #C confirmed the NSA lacked these interventions, and confirmed the care plan also lacked a description of services to address the open coccyx area. The Operator failed to ensure the NSA for #185 included a description of services to address skin breakdown the Resident would receive. - Review of record revealed #187 admitted 12/04/18 with diagnoses of diabetes, hypercholesterolemia, hypertension, allergic rhinitis, morbid obesity, depression, and transischemic attack with left endarterectomy. Current functional capacity screen dated 11/07/18 assessed #187 independent with bathing, dressing, toileting, transfers, mobility, and eating; in need of physical assistance with management of medications and treatments; with short term memory and memory recall impairments; with falls/unsteadiness, vision and hearing impairments. On 01/28/19 at 4:00pm in Resident's room, observed blood glucose monitoring equipment on table. Physician's order in medical record dated 01/07/19 directed blood sugar testing twice daily. Resident #187 confirmed that he/she completed own blood sugar testing. Current 11/07/18 NSA (negotiated service agreement) documented facility staff to provide	S3085		

Kansas Department on Aging

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: N046035	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____	(X3) DATE SURVEY COMPLETED 02/04/2019
NAME OF PROVIDER OR SUPPLIER AVONLEA COTTAGE OF OLATHE		STREET ADDRESS, CITY, STATE, ZIP CODE 625 LINCOLN AVENUE 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
S3085	Continued From page 3 medication and treatment management. The NSA (and separate care plan) lacked the service of blood sugar monitoring, and lacked a description to include the Resident completed this needed service independently. On 01/30/19 at 1:00pm facility nurse confirmed the NSA lacked the physician ordered service of blood sugar testing... confirmed #187 does the testing and reports the results to the staff who document the results in the MAR (medication administration record)... confirmed the physician's order directed a call to the physician if results over 300 or under 70... #C stated no out of range results reported... #187 had been pretty stable... The Operator failed to ensure the NSA for #187 included a description of services to address blood sugar testing the Resident would complete and report to facility staff.	S3085		
S3200 SS=F	26-41-205 (d) (1-2) Facility Administration of Medications (d) Facility administration of resident ' s medications. If a facility is responsible for the administration of a resident ' s medications, the administrator or operator shall ensure that all medications and biologicals are administered to that resident in accordance with a medical care provider ' s written order, professional standards of practice, and each manufacturer ' s recommendations. The administrator or operator shall ensure that all of the following are met: (1) Only licensed nurses and medication aides shall administer and manage medications for which the facility has responsibility. (2) Medication aides shall not administer medication through the parenteral route.	S3200		

Kansas Department on Aging

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: N046035	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____	(X3) DATE SURVEY COMPLETED 02/04/2019
NAME OF PROVIDER OR SUPPLIER AVONLEA COTTAGE OF OLATHE		STREET ADDRESS, CITY, STATE, ZIP CODE 625 LINCOLN AVENUE 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
S3200	Continued From page 4 This REQUIREMENT is not met as evidenced by: KAR 26-41-205(d) The census equalled 30 the sample included three Residents. The Resident roster identified 29 Residents with facility managed medications. Based on interview and record review, for three of three sampled (#185, #187 and #189), the Operator failed to ensure all medications and biological's administered to Residents in accordance with a medical care provider's written orders and in accordance with professional standards of practice. Findings included: - Review of record revealed #187 admitted to facility 12/04/18 with diagnoses of diabetes, hypercholesterolemia, hypertension, allergic rhinitis, morbid obesity, depression, and transischemic attack with left endarterectomy. Current functional capacity screen dated 11/07/18 assessed #187 in need of physical assistance with medication and treatment management. Current negotiated service agreement (NSA) dated 11/07/18 documented facility staff to provide medication and treatment management. Comparison of January 2019 and December 2018 medication administration record (MAR) with signed physician orders revealed discrepancies:	S3200		

Kansas Department on Aging

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: N046035	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____	(X3) DATE SURVEY COMPLETED 02/04/2019
NAME OF PROVIDER OR SUPPLIER AVONLEA COTTAGE OF OLATHE		STREET ADDRESS, CITY, STATE, ZIP CODE 625 LINCOLN AVENUE 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
S3200	Continued From page 5 MAR's each contained an order for Chloratab (chlorpheniramine for allergies) 4mg (milligrams) one tab po (by mouth) every 6 hours PRN (as needed) for allergic rhinitis. The MAR's contained the letters "PRN" in the scheduled time column. In addition, the MAR's each contained "8AM" in the scheduled time column. The MAR contained staff initials in daily date boxes from 12/06/18 to 12/31/18 and from 01/02/19 to 01/29/19. Although this medication ordered and written on MAR as a PRN (as needed) medication, the back side of the MAR lacked the time and date each dose given, the amount given, the reason for administration, and the results, all in accordance with professional standards of practice for PRN medication administration. 12/06/18 contained entries of the medication given, but lacked the results or outcome. On 01/30/19 at 12:00pm facility nurse #C confirmed the physician's order stated every six hours PRN, and the MAR documented as an 8:00AM daily medication... confirmed MAR lacked documentation in accordance with professional standards of practice... stated he/she would clarify directions with physician and correct MAR to reflect either PRN or scheduled, but not both. The Operator failed to ensure all medications administered to #187 in accordance with written medical care provider orders, and in accordance with professional standards of practice. - Review of record revealed #189 admitted to facility 5/23/17 with diagnoses of left shoulder fracture, hypertension, hypothyroid, congestive heart failure, gastroesophageal reflux disease,	S3200		

Kansas Department on Aging

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: N046035	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____	(X3) DATE SURVEY COMPLETED 02/04/2019
NAME OF PROVIDER OR SUPPLIER AVONLEA COTTAGE OF OLATHE		STREET ADDRESS, CITY, STATE, ZIP CODE 625 LINCOLN AVENUE 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
S3200	Continued From page 6 allergic rhinitis, and history of cancer. The 11/26/18 FCS (functional capacity screen) assessed #189 unable to perform medication and treatment management. The 11/26/18 NSA (negotiated service agreement) documented #189 to receive medication and treatment management. Comparison of MAR's (medication administration records) with controlled medication count sheets revealed discrepancies. The available controlled medication count sheet for Hydrocodone/acetaminophen (narcotic pain medication) 5/325mg (milligrams) started on 02/26/18 with 32 tablets. The bottle of Hydrocodone/acetaminophen label documented 60 tablets arrived on 8/01/17. The facility nurse #C and Operator #B unable to locate or provide the previous page detailing administration history of the additional 28 tablets. The count sheet recorded 14 doses administered between 02/26/18 and 10/15/18. Comparison with the monthly MAR's revealed three doses administered and documented. The MAR's failed to record when these additional eleven doses administered, and the Resident's response or the results obtained, in accordance with professional standards of practice. The Operator failed to ensure all medications and biologicals administered to #189 in accordance with written physician's orders and in accordance with professional standards of practice. - On 01/29/19 a reconciliation of sampled Residents' medications performed. This reconciliation revealed discrepancies between	S3200		

Kansas Department on Aging

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: N046035	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____	(X3) DATE SURVEY COMPLETED 02/04/2019
NAME OF PROVIDER OR SUPPLIER AVONLEA COTTAGE OF OLATHE		STREET ADDRESS, CITY, STATE, ZIP CODE 625 LINCOLN AVENUE 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
S3200	Continued From page 7 doses documented, and an accounting of doses remaining after calculating start dates and current supplies. Although not able to determine which dates ordered doses not administered correctly, or by whom, these discrepancies demonstrated medications not administered in accordance with professional standards. For #189, discrepancies noted for Senna (laxative) tablets, Vitamin D (supplement) 2000iu (international units), Phenytoin (seizure) 100mg, Oxybutinin (overactive bladder) 5mg, Levothyroxine (thyroid supplement) 100mcg (micrograms), Irbesartan (blood pressure) 300mg, Atorvastatin (cholesterol) 20mg, Aspirin (cardiac prophylactic) 81mg, and, Allopurinol (gout) 100mg. For #187, discrepancies noted for Chlortabs (chlorpheniramine allergy tablets) 4mg, Ibuprofen (pain) 200mg, Aspirin (cardiac prophylactic) 81mg, Atorvastatin (cholesterol) 40mg, Glimepiride (diabetes) 2mg, Lisinopril (blood pressure) 40mg, and, Metformin (diabetes) 500mg. For #185, discrepancies noted for Aspirin (cardiac prophylactic) 81mg. On 01/29/19 at 5:15pm, facility nurse #C stated I did a similar process in November 2018 due to a family voicing concern about the number of pills used between re-orders... #C confirmed the count of the sampled Resident medications revealed some medications not administered in accordance with written physician orders or in accordance with professional standards of practice.	S3200		

Kansas Department on Aging

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: N046035	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____	(X3) DATE SURVEY COMPLETED 02/04/2019
NAME OF PROVIDER OR SUPPLIER AVONLEA COTTAGE OF OLATHE		STREET ADDRESS, CITY, STATE, ZIP CODE 625 LINCOLN AVENUE 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
S3211	Continued From page 8	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 census equalled 30 the sample included three Residents. The Resident roster identified 29 Residents with facility managed medications. Based on observation and interview, for two of three sampled (#189 and #187) and seven non-sampled (#170, #172, #174, #176, #178, #180, and #173) with over the counter medications, the Operator failed to ensure a licensed nurse or licensed pharmacist placed the full name of the Resident on each accepted original, unbroken manufacturer's package of over-the-counter (OTC) medication for Resident administration. Findings included:	S3211		

Kansas Department on Aging

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: N046035	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____	(X3) DATE SURVEY COMPLETED 02/04/2019
NAME OF PROVIDER OR SUPPLIER AVONLEA COTTAGE OF OLATHE		STREET ADDRESS, CITY, STATE, ZIP CODE 625 LINCOLN AVENUE 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
S3211	Continued From page 9 - By observation on 01/28/19 at 3:55pm, in review of facility medication carts (two carts) with medication aide #J, the following noted to lack the first and last name of each Resident: #187 - Chlortabs (chlorpheniramine) allergy tablets, no first or last name on container #170 - bottle of Meclizine (dizziness) tablets, bottle of stool softener capsules, bottle of omeprazole (anti reflux) capsules without first and last name #189 - bottle of Vitamin D3 (supplement) capsules, bottle of Senna (laxative) tablets, bottle of Tylenol (analgesic) tablets without first and last name #172 - bottle of Senna tablets, bottle of Vitamin D3 capsules, bottle of aspirin 81mg (milligrams) tablets #174 - bottle of stool softener capsules, no first or last name on container #176 - bottle of aspirin 81mg tablets, no first or last name on container #173 - bottle of calcium 1200mg supplement, bottle of gentle iron (supplement) tablets, and bottle of Miralax (laxative) powder without first and last name On 01/28/19 at 3:55pm medication aide #J and licensed nurse #C confirmed these medications lacked the first and last name. The Operator failed to ensure for #189, #187, #170, #172, #174, #176, and #173, the licensed nurse or licensed pharmacist placed the first and	S3211		

Kansas Department on Aging

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: N046035	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____	(X3) DATE SURVEY COMPLETED 02/04/2019
NAME OF PROVIDER OR SUPPLIER AVONLEA COTTAGE OF OLATHE		STREET ADDRESS, CITY, STATE, ZIP CODE 625 LINCOLN AVENUE 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
S3211	Continued From page 10 last names of Residents on each accepted, original, unbroken manufacturer's package of OTC medication for Resident administration.	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 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.	S3215		

Kansas Department on Aging

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: N046035	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____	(X3) DATE SURVEY COMPLETED 02/04/2019
NAME OF PROVIDER OR SUPPLIER AVONLEA COTTAGE OF OLATHE		STREET ADDRESS, CITY, STATE, ZIP CODE 625 LINCOLN AVENUE 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
S3215	Continued From page 11 This REQUIREMENT is not met as evidenced by: KAR 26-41-205(h)(4) The census equalled 30 the sample included three Residents. The Resident roster identified 29 Residents with facility managed medications. Based on observations and interview: For one of three sampled (#189) and six non-sampled (#172, #174, #178, #171, and #173), licensed nurses and medication aides failed to ensure medications stored in accordance with manufacturer's directions and not administered beyond the manufacturer's or pharmacy provider's recommended date of expiration. Findings included: - By observation on 01/28/19 at 3:55pm, in review of facility medication carts (two carts) with medication aide #J, and on 01/30/19 at 11:30am with certified medication aide #N in the medication room, the following noted in use: #171 - Humalog insulin pen with notation "opened 11/20/18"; package insert specified to discard pen 28 days after opened #180 - Novolog insulin pen with no name and no date opened, package insert specified to discard pen 28 days after opened #189 - Tylenol (analgesic) 500mg (milligrams) expired 09/2018; Hydrocodone/acetaminophen 5/325mg (narcotic pain reliever) tablets expired 8/01/2018; Hydrochlorothiazide (diuretic) expired 6/26/18; Ondansetron (anti nausea) expired	S3215		

Kansas Department on Aging

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: N046035	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____	(X3) DATE SURVEY COMPLETED 02/04/2019
NAME OF PROVIDER OR SUPPLIER AVONLEA COTTAGE OF OLATHE		STREET ADDRESS, CITY, STATE, ZIP CODE 625 LINCOLN AVENUE 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
S3215	Continued From page 12 6/02/18; Indomethacin (pain) expired 12/07/18; Ipratropium (bronchodilator) vials expired 10/2018 #172 - Vitamin D3 (supplement) 2000iu (international units) expired 12/2018; Miralax (laxative) packets expired 08/2018 #174 - Stool softener expired 02/2017 #178 - Fish oil supplement expired 03/2018 #173 - Oraljel rinse (dental prophylactic) expired 12/2018 On 01/28/19 at 3:55pm medication aide #J and licensed nurse #C confirmed these medications expired and not stored in accordance with manufacturer's recommendations... stated we usually look for expiration dates as we set up medications... On 01/29/19 at 11:30am medication aide #N confirmed these medications expired. For seven Residents with facility managed medications, licensed nurses and medication aides failed to ensure medications stored in accordance with manufacturer's directions and not administered beyond the manufacturer's or pharmacy provider's recommended date of expiration.	S3215		
S3216 SS=F	26-41-205 (i) Disposition of Medication (i) Accountability and disposition of medications. Licensed nurses and medication aides shall maintain records of the receipt and disposition of all medications managed by the facility in sufficient detail for an accurate reconciliation. (1) Records shall be maintained documenting the	S3216		

Kansas Department on Aging

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: N046035	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____	(X3) DATE SURVEY COMPLETED 02/04/2019
NAME OF PROVIDER OR SUPPLIER AVONLEA COTTAGE OF OLATHE		STREET ADDRESS, CITY, STATE, ZIP CODE 625 LINCOLN AVENUE 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
S3216	Continued From page 13 destruction of any deteriorated, outdated, or discontinued controlled medications and biologicals according to acceptable standards of practice by one of the following combinations: (A) Two licensed nurses; or (B) a licensed nurse and a licensed pharmacist. (2) Records shall be maintained documenting the destruction of any deteriorated, outdated, or discontinued non-controlled medications and biologicals according to acceptable standards of practice by any of the following combinations: (A) Two licensed nurses; (B) a licensed nurse and a medication aide; (C) a licensed nurse and a licensed pharmacist; or (D) a medication aide and a licensed pharmacist. This REQUIREMENT is not met as evidenced by: KAR 26-41-205(i) The census equalled 30 the sample included three Residents. The Resident roster identified 29 Residents with facility managed medications. Based on observation, interviews and reviews of records, for three of three sampled (#189, #187, and #185), and all Residents with medication management, the Licensed nurses and Medication aides failed to maintain records of receipt and disposition of medications in sufficient detail for an accurate reconciliation according to acceptable standards of practice. Findings included: - Observations on 01/29/19 at 4:30pm during a counting and reconciliation process of sampled	S3216		

Kansas Department on Aging

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: N046035	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____	(X3) DATE SURVEY COMPLETED 02/04/2019
NAME OF PROVIDER OR SUPPLIER AVONLEA COTTAGE OF OLATHE		STREET ADDRESS, CITY, STATE, ZIP CODE 625 LINCOLN AVENUE 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
S3216	Continued From page 14 Resident medications, revealed discrepancies between number of doses arriving at facility, number of doses administered in accordance with physician's written orders, expected/calculated doses to remain, and actual doses remaining. For #189: A bottle of Senna (laxative) tablets, label documented 100 tablet capacity, bottle now with 115 tablets. (15 extra) Vitamin D (supplement) 2000iu (international units) - 240 capsules opened 8/25/18; 155 doses documented as administered; 86 remaining, two extra according to MAR documentation (one extra) Phenytoin (seizure) 100mg - 90 doses opened 11/22/18, 68 doses documented as administered; count of tablets revealed 22 doses remaining (eight short) Oxybutinin (overactive bladder) 5mg - 180 tablets opened 11/16/18; 145 doses documented as administered; count of tablets revealed 69 tablets remaining (36 extra) Levothyroxine (thyroid supplement) 100mcg (micrograms) - 90 tablets opened 11/20/18, 69 doses documented as administered; count of tablets revealed 18 tablets remaining (one extra) Irbesartan (blood pressure) 300mg - 90 tablets opened 01/02/19; 28 doses documented as administered; count of tablets revealed 64 tablets remaining (two extra) Atorvastatin (cholesterol) 20mg - 90 tablets opened 12/31/18; 30 doses documented as administered; count of tablets revealed 62 tablets remaining (two extra) Aspirin (cardiac prophylactic) 81mg - 500 tablets opened 10/29/18; 93 doses documented as administered; count of tablets revealed 391 tablets remaining (16 short) Allopurinol (gout) 100mg - 90 tablets opened	S3216		

Kansas Department on Aging

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: N046035	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____	(X3) DATE SURVEY COMPLETED 02/04/2019
NAME OF PROVIDER OR SUPPLIER AVONLEA COTTAGE OF OLATHE		STREET ADDRESS, CITY, STATE, ZIP CODE 625 LINCOLN AVENUE 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
S3216	Continued From page 15 01/03/19; 27 doses documented as administered; count of tablets revealed 65 tablets remaining (two extra) For #187: Chlortabs (chlorpheniramine allergy tablets) 4mg - 100 tablets opened 01/19/19; 11 doses documented as administered; count of tablets revealed 74 tablets remaining (15 short) Ibuprofen (pain) 200mg - 500 tablets opened 12/06/18; no doses documented as given; count of tablets revealed 144 tablets remaining (356 short) Aspirin (cardiac prophylactic) 81mg - 250 tablets opened 12/06/18; 55 doses documented as administered; count of tablets revealed 94 tablets remaining (short 39) Atorvastatin (cholesterol) 40mg - 90 tablets opened 10/23/18; 99 doses documented as administered; count of tablets revealed four tablets remaining (13 extra) Glimipiride (diabetes) 2mg - 90 tablets opened 11/12/18; 79 daily doses to have been used since 11/12/18; count of tablets revealed 17 tablets remaining (6 extra) Lisinopril (blood pressure) 40mg - 90 tablets opened 11/12/18; 79 daily doses to have been used since 11/12/18; count of tablets revealed 28 tablets remaining (17 extra) Metformin (diabetes) 500mg - dispensed 46 doses on punch cards on 12/04/18; 11 doses removed from cards; no date cards initially used or opened; no record of date bottle used and emptied prior to use of punch cards. For #185: Aspirin (cardiac prophylactic) 81mg - 300 tablets opened 7/18/19; 197 doses documented as administered; count of tablets revealed five tablets remaining (98 short)	S3216		

Kansas Department on Aging

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: N046035	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____	(X3) DATE SURVEY COMPLETED 02/04/2019
NAME OF PROVIDER OR SUPPLIER AVONLEA COTTAGE OF OLATHE		STREET ADDRESS, CITY, STATE, ZIP CODE 625 LINCOLN AVENUE 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
S3216	Continued From page 16 On 01/29/19 at 5:15pm, facility nurse #C stated I did a similar process in November 2018 due to a family voicing concern about the number of pills used between re-orders... #C confirmed no policy and procedure available for acquisition and disposition of medications... confirmed no system operational in facility to accurately reconcile a medication... confirmed he/she not aware of why the counts of the three sampled Resident medications revealed too many of some medications and too few of some medications... stated no way of knowing if those counts are even correct... stated he/she would develop a method for an accurate reconciliation of medications. Licensed nurses and medication aides failed to maintain records of receipt and disposition of medications for #189, #187, #185, and for all Residents with facility managed medications, in sufficient detail for an accurate reconciliation.	S3216		
S3248 SS=E	26-41-102 (d) Staff Qualifications Employee Records (d) The employee records and agency staff records shall contain the following documentation: (1) Evidence of licensure, registration, certification, or a certificate of successful completion of a training course for each employee performing a function that requires specialized education or training; (2) supporting documentation for criminal background checks of facility staff and contract staff, excluding any staff licensed or registered by a state agency, pursuant to K.S.A. 39-970 and amendments thereto;	S3248		

Kansas Department on Aging

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: N046035	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____	(X3) DATE SURVEY COMPLETED 02/04/2019
NAME OF PROVIDER OR SUPPLIER AVONLEA COTTAGE OF OLATHE		STREET ADDRESS, CITY, STATE, ZIP CODE 625 LINCOLN AVENUE 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
S3248	Continued From page 17 (3) supporting documentation from the Kansas nurse aide registry that the individual does not have a finding of having abused, neglected, or exploited a resident in an adult care home; and (4) supporting documentation that the individual does not have a finding of having abused, neglected, or exploited any resident in an adult care home, from the nurse aide registry in each state in which the individual has been known to have worked as a certified nurse aide. This REQUIREMENT is not met as evidenced by: KAR 26-41-102(d) The census equalled 30 the sample included three Residents. The facility identified 11 employees hired since the last Resurvey with five of these reviewed. Based on interviews and reviews of records, for five of five new hired employees reviewed (#D, #C, #F, #A, and #E), the Operator failed to ensure employee records contained supporting documentation for criminal background checks pursuant to K.S.A. 39-970 and amendments thereto. Findings included: - Review of employee records on 01/29/19 at 2:00pm with Operator #B revealed the following: #A - Dietary Manager - hired 8/07/18 - no supporting documentation for results of criminal background check paid for 8/06/18 #F - Certified Nurse Aide (CNA) hired 7/18/17 -	S3248		

Kansas Department on Aging

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: N046035	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____	(X3) DATE SURVEY COMPLETED 02/04/2019
NAME OF PROVIDER OR SUPPLIER AVONLEA COTTAGE OF OLATHE		STREET ADDRESS, CITY, STATE, ZIP CODE 625 LINCOLN AVENUE 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
S3248	Continued From page 18 no supporting documentation for results of criminal background check paid for 7/18/17 #E - CNA hired 6/05/17 - no supporting documentation for results of criminal background check paid for 6/05/17 #C - Licensed Practical Nurse (LPN) hired 11/01/18 - no supporting documentation for results of criminal background check paid for 10/31/18 #D - Certified Medication Aide hired 5/09/18 - no supporting documentation for results of criminal background check paid for 4/09/18 On 01/29/19 at 10:40am, Operator #B confirmed the inquiry and payment was sent for each criminal background check... confirmed no documentation of the results of the background checks available... stated I was told in the Operator's course that all I needed to maintain in the employee's file was the inquiry/receipt of payment... The Operator failed to ensure employee records contained supporting documentation of the results for criminal background checks on #A, #F, #C, #D, and #E.	S3248		
S3310 SS=E	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	S3310		

Kansas Department on Aging

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: N046035	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____	(X3) DATE SURVEY COMPLETED 02/04/2019
NAME OF PROVIDER OR SUPPLIER AVONLEA COTTAGE OF OLATHE		STREET ADDRESS, CITY, STATE, ZIP CODE 625 LINCOLN AVENUE 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
S3310	Continued From page 19 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 This REQUIREMENT is not met as evidenced by: KAR 26-41-207(b)(5-6)(c) The census equalled 30 the sample included three Residents. The facility identified 11 employees hired since the last Resurvey with five of these reviewed. Based on interview and reviews of records for two of five employees reviewed (#F and #C), the Operator failed to ensure the facility's compliance with the Departments' tuberculosis (TB) guidelines for adult care homes adopted by reference in K.A.R. 26-39-105. Findings included: - Review of employee records on 01/29/19 at 10:40pm with Operator #B revealed the following: #C - Licensed Practical Nurse - hired 11/01/18 - no TB two step skin testing available as required; TB symptom screen completed 11/05/18 #F - Certified Nurse Aide - hired 7/18/17 - one TB skin test administered 11/07/16 available in the employee file, this test more than six months prior to the date of hire, two step skin test at time of hire not completed; TB symptom screen	S3310		

Kansas Department on Aging

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: N046035	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____	(X3) DATE SURVEY COMPLETED 02/04/2019
NAME OF PROVIDER OR SUPPLIER AVONLEA COTTAGE OF OLATHE		STREET ADDRESS, CITY, STATE, ZIP CODE 625 LINCOLN AVENUE 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
S3310	Continued From page 20 completed 3/15/18. On 01/30/19 at 1:00pm, Operator #B provided the facility policy and procedure for TB testing. This policy and procedure observed to lack the most current (2013) Department suggested guidelines for TB surveillance. Operator #B stated we do have in our policy to do a two step skin test (or X ray if necessary) at the time of hire or admission along with a symptom screen; we do a symptom screen annually at an inservice meeting... confirmed the policy failed to address all these aspects... stated we also do TB screens if a Resident or employee tells us they are going out of the country or are gone more than 30 days... if they don't tell us however, we do not have in policy that we would need to know that information so we would not do it on them... Operator #B given a copy of the 2013 guidelines. The Operator failed to ensure the facility's compliance with the Department's TB guidelines for adult care homes for employees #C and #F.	S3310		
S3420 SS=F	28-39-256 MECHANICAL REQUIREMENTS (c) Mechanical requirements. (1) Heating, air conditioning, and ventilating systems. (A) The system shall be designed to maintain a year-round indoor temperature range of 70oF or 21oC to 85oF or 26oC. (B) Each apartment or individual living unit shall allow the resident to control the temperature.	S3420		

Kansas Department on Aging

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: N046035	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____	(X3) DATE SURVEY COMPLETED 02/04/2019
NAME OF PROVIDER OR SUPPLIER AVONLEA COTTAGE OF OLATHE		STREET ADDRESS, CITY, STATE, ZIP CODE 625 LINCOLN AVENUE 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
S3420	Continued From page 21 (2) Plumbing and piping systems. (A) Backflow prevention devices or vacuum breakers shall be installed on fixtures to which hoses or tubing can be attached. (B) Water distribution systems shall be arranged to provide hot water at outlets at all times. The temperature of hot water shall range between 98oF and 120oF at bathing facilities, sinks, and lavatories in resident use areas. (3) Electrical requirements. (A) All spaces occupied by persons or machinery and equipment within the buildings, approaches to buildings, and parking lots shall have adequate lighting. (B) Minimum lighting intensity levels shall be as required in Table 1. (C) Each corridor and stairway shall remain lighted at all times. (D) Each light in resident use areas shall be equipped with shades, globes, grids, or glass panels. This REQUIREMENT is not met as evidenced by: KAR 28-39-256 The census equalled 30 the sample included three Residents. Based on observations and interviews for six of six Resident accessible hand wash sinks (public bathroom, employee bathroom, East hall shower room sink, North hall shower room sink, activity room, and nursing	S3420		

Kansas Department on Aging

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: N046035	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____	(X3) DATE SURVEY COMPLETED 02/04/2019
NAME OF PROVIDER OR SUPPLIER AVONLEA COTTAGE OF OLATHE		STREET ADDRESS, CITY, STATE, ZIP CODE 625 LINCOLN AVENUE 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
S3420	Continued From page 22 office hand sink), the Operator failed to ensure the water remained between 98 degrees Fahrenheit (F.) and 120 degrees F. at all times. Findings included: - On 01/28/19 at 3:00pm, obtained the following water temperatures when checked: Public bathroom - 139.2 degrees Fahrenheit (F.) Employee bathroom between kitchen and dining room 141.6 degrees F., verified with Dietary Manager #A East hall shower room sink 129 degrees F. verified with certified medication aide #J North hall shower room sink 127.5 degrees F. Nurse office hand sink 123.6 degrees F. Activity room hand sink 116.6 degrees F. Resident room #133 kitchen sink 123.9 degrees F. Resident room #108 kitchen sink 126.1 degrees F. Resident room #101 kitchen sink 124.1 degrees F. Resident room #101 bathroom sink 125 degrees F. Surveyor thermometer calibrated with ice water at 32.1 degrees F. and requested hot water temperature surveillance logs. By review this log documented temperatures obtained monthly. Those recorded outside 98-120 degrees range were: October 17, 2018 - kitchen 135 degrees F. November 24, 2018 - kitchen 134 degrees F., public restroom 120 degrees F., employee restroom 125 degrees F. December 20, 2018 - East wing 120 degrees F., kitchen 133 degrees F., public restroom 130 degrees F., employee restroom 130 degrees F.,	S3420		

Kansas Department on Aging

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: N046035	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____	(X3) DATE SURVEY COMPLETED 02/04/2019
NAME OF PROVIDER OR SUPPLIER AVONLEA COTTAGE OF OLATHE		STREET ADDRESS, CITY, STATE, ZIP CODE 625 LINCOLN AVENUE 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
S3420	Continued From page 23 January 18, 2019 - North wing 124 degrees F., East wing 124 degrees F., kitchen 127 degrees F., East shower 128 degrees F. On 01/28/19 at 4:30pm reviewed hot water temperatures with Operator #B... he/she stated we had to call the plumbing company out last month... I will get documentation and I will go and adjust the water heater temperatures... we have two water heaters in the mechanical shed... the two tanks are hooked together and service the entire facility. On 01/29/19 at 9:45am Operator #B and Maintenance staff #P stated the water heater adjusted last night and plumbing company called again... stated we are checking the temperatures today to see that they don't creep up again. On 01/29/19 at 11:00am, obtained the following water temperatures when checked: Employee bathroom between kitchen and dining room 116.2 degrees F. East hall shower room sink 123.8 degrees F. North hall shower room sink 114.6 degrees F. Nurse office hand sink 112.6 degrees F. Activity room hand sink 103.6 degrees F. On 01/30/19 Operator #B provided two dates of phone calls to the plumbing company 11/16/18 and 01/17/19... stated I will try to get documentation from them... they came out and identified the problem... our Maintenance staff (experienced) replaced the identified valve and we have been monitoring the temperatures. The Operator failed to ensure the water remained between 98 degrees F. and 120 degrees F. at all times in all hand wash sinks accessible to	S3420		

Kansas Department on Aging

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: N046035	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____		(X3) DATE SURVEY COMPLETED 02/04/2019
NAME OF PROVIDER OR SUPPLIER AVONLEA COTTAGE OF OLATHE			STREET ADDRESS, CITY, STATE, ZIP CODE 625 LINCOLN AVENUE 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	
S3420	Continued From page 24 Residents.	S3420			